

***“Go Cry By The River”***

**A Case Study Of A Counselling Service For Abused  
Women In Rural Swaziland**

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February 2000

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Submitted in partial fulfilment of the requirements for the Degree of  
Master of Arts in Clinical Psychology

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## **ABSTRACT**

In February 1999 a counselling service for women abuse survivors in rural Swaziland was evaluated. The evaluation highlighted that a number of organisational factors were undermining utilisation of the service. However, the evaluation failed to address broader contextual issues. This study, in the form of an in-depth case study, is a re-examination of the information gathered for the initial evaluation. It aims to explore the contextual issues underlying the poor utilisation of the counselling service. Within a qualitative paradigm, information for the initial evaluation was gathered through participant observation, open-ended interviews and a review of relevant documentation. A thematic analysis revealed that many perceptions about the meaning of the concept of 'women abuse' exist, both between and within the organisation and community groupings. As a result of the lack of a common definition of abuse and due to a pervasive silence around abuse in the community, it was perceived to be difficult for women to utilise local and organisational methods of healing. Furthermore, abuse in the community was perceived to be influenced by the broader context of women's inferior status in Swaziland. Recommendations are made with regard to strengthening the relationship between organisation and community. It is suggested that rather than importing organisational definitions and interventions into the community, the organisation play a facilitative role firstly, in encouraging community members to develop their own definitions of abuse - which are both guided by human rights principles and sensitive to the local context - and secondly, to devise their own strategies to deal with it.

## **ACKNOWLEDGMENTS**

Many people 'wrote' this thesis with me. Thank you to,

the organisation, for initiating this process and trusting that we would all learn from it,

the participants, who opened their hearts and shared their stories,

the Centre for Development Studies, the Union of Jewish Women and the Sylvia Gavron Scholarship for financial assistance,

my supervisor, Kerry Gibson who believed in me long before I did, for supportive guidance throughout this process

Rheina, Sue and Ingrid for editing, proof-reading and leading me out of confusion,

Micky for helping me find the words,

my family for expressing their love and support in special ways,

my friends for listening, for understanding, for enduring and most of all being there nevertheless,

and of course, to my partner, Ingrid, for all the different kinds of support, for making sure I take care of myself, and for the loving spirit with which she's accompanied me on this journey.

## TABLE OF CONTENTS

<b>Abstract.....</b>	<b>i</b>
<b>Acknowledgments.....</b>	<b>i</b>
 <b>CHAPTER ONE: INTRODUCTION.....</b>	 <b>1</b>
<b>1.1. INTRODUCTION.....</b>	<b>1</b>
<b>1.2. DEVELOPING THE RESEARCH QUESTION.....</b>	<b>2</b>
<b>1.3. THE INITIAL EVALUATION.....</b>	<b>2</b>
<b>1.4. AIMS OF THE PRESENT STUDY.....</b>	<b>4</b>
<b>1.5. BACKGROUND.....</b>	<b>6</b>
<b>1.5.1. Violence against women in Swaziland.....</b>	<b>6</b>
<b>1.5.2. The organisation.....</b>	<b>7</b>
<b>1.5.3. The rural area .....</b>	<b>8</b>
<b>1.5.4. The rural counselling service.....</b>	<b>9</b>
 <b>CHAPTER TWO: LITERATURE REVIEW.....</b>	 <b>10</b>
<b>2.1. VIOLENCE AGAINST WOMEN.....</b>	<b>10</b>
<b>2.1.1. Introduction .....</b>	<b>10</b>
<b>2.1.2. Defining violence against women.....</b>	<b>10</b>
<b>2.1.2.1 The human rights position.....</b>	<b>11</b>
<b>2.1.2.2 The cultural argument.....</b>	<b>12</b>
<b>2.1.2.3 The debate.....</b>	<b>12</b>
<b>2.1.3. The extent of violence against women.....</b>	<b>14</b>
<b>2.1.4. The effects of violence against women.....</b>	<b>15</b>
<b>2.1.5. Strategies to deal with violence against women.....</b>	<b>17</b>
<b>2.1.6. Counselling as a response to violence against women.....</b>	<b>19</b>
<b>2.1.6.1. The psychotherapeutic model.....</b>	<b>19</b>
<b>2.1.6.2. Feminist counselling.....</b>	<b>20</b>
<b>2.1.6.3. Cross-cultural counselling.....</b>	<b>21</b>

2.1.7. Utilisation of counselling services for survivors.....	24
2.1.7.1. Cultural factors.....	24 x
2.1.7.2. Rural factors.....	25 x
2.1.7.3. Other factors.....	26 x
2.2. EVALUATION RESEARCH.....	27
 CHAPTER THREE: METHODOLOGY.....	 31
3.1. INTRODUCTION.....	31
3.2. METHODOLOGY.....	31
3.3. METHODS.....	32
3.4. Introduction.....	32
3.3.1. Setting up the initial evaluation.....	33
3.3.2. Identifying and accessing participants for the initial evaluation	34
3.3.3.1. Members of the organisation.....	35
3.3.3.2. Authority bearing members of the community.....	36
3.3.3.3. Members of the broader community.....	38
3.3.4. Process and methods of information gathering.....	39
3.3.4.1. Participant observation.....	39
3.3.4.2. Open-ended interviews.....	39
3.3.4.3. Review of documentation.....	40
3.4. ANALYSIS OF MATERIAL.....	41
3.5. REFLEXIVITY.....	42
3.6. ETHICAL ISSUES.....	44
 CHAPTER FOUR: CASE STUDY.....	 45
4.1. ANALYSIS AND DISCUSSION.....	45
4.1.1. Being a woman in Swaziland.....	45
4.1.1.1. The status of women.....	45
4.1.1.2. Changing the status of women.....	48
4.1.2 Women abuse and silence.....	51

<b>4.1.3 Perceptions of women abuse.....</b>	<b>58</b>
4.1.3.1. The human rights (or feminist) perspective.....	59
4.1.3.2. The cultural perspective.....	60
4.1.3.3. The complex nature of perceptions.....	61
4.1.3.4. The issue of terminology.....	64
<b>4.1.4. Methods of healing .....</b>	<b>65</b>
4.1.4.1. Healing 'within the family' .....	65
4.1.4.2. Consultation with a sangoma.....	66
4.1.4.3. The church.....	67
4.1.4.4. State services.....	68
4.1.4.5. Individual counselling.....	70
<b>4.2. IMPLICATIONS OF THE STUDY.....</b>	<b>73</b>
<b>4.3. REFLECTIONS ON THE RESEARCH PROCESS.....</b>	<b>76</b>
<b>4.4. CONCLUSION.....</b>	<b>78</b>
<b>REFERENCES.....</b>	<b>79</b>
<b>APPENDIX I: QUESTIONNAIRE.....</b>	<b>84</b>

## CHAPTER ONE: INTRODUCTION

### 1.1. INTRODUCTION

In this introductory section I briefly trace the process through which the aims of this research project were developed and set out the purpose of the study.

Despite years of work by feminists aimed at eradicating violence against women, the problem is still of enormous concern world-wide. The difficulty experienced in eradicating this form of abuse is understandable when seen from the feminist perspective that violence against women is deeply embedded in gendered power relationships which operate at many different levels of society (Wright cited in Aartz, 1998). In Southern African communities, many of which are still clothed in patriarchal custom and tradition, the struggle is complicated by the fact that the concept of violence against women has received less publicity than in western countries and consequently has received less recognition as a social problem. The problem is further complicated in many less developed countries by residual feelings of mistrust of western influence, due to the often painful impact of westernization on the spirit of many traditional African cultures.

Despite the complexities involved in the struggle against violence against women, more and more non-governmental organisations (NGO's) in Southern African countries are actively engaging with this challenge. In general these organisations work on two levels - preventatively through public education, training, advocacy and lobbying, and curatively through the provision of counselling, advice and legal support to survivors of abuse. In recent years many NGO's have made concerted and creative efforts to reach the historically marginalised rural sector through the implementation of satellite sites located within rural communities. Funders, currently motivated to



support projects which facilitate 'development' in underdeveloped communities have provided the financial wherewithal to make this possible in a number of Southern African countries. Despite the admirable intentions and support however, implementing programmes in many of these outreach sites has been more difficult than originally anticipated. In South Africa for example, a number of satellite sites have struggled with low levels of utilisation and some have even had to close down (L. Knott<sup>1</sup>, personal communication, 12 February, 1999).

## **1.2. DEVELOPING THE RESEARCH QUESTION**

The aims of the research described in this dissertation were developed after I conducted an evaluation study of a counselling service for women who have been abused. An initial analysis of the data was used to generate specific operationally possible suggestions for the organisation. This current study is a deeper exploration into broad contextual factors which underlie and possibly impact upon the ability of the service to do its work.

## **1.3. THE INITIAL EVALUATION**

In February 1999 I performed an evaluation of a satellite counselling service for women abuse survivors, in a rural community in Swaziland. This satellite service is part of an outreach programme of an organisation whose aim is to eradicate violence against women in Swaziland. The organisation is based in an urban area and has two urban centres in addition to the rural satellite site. It has been functioning since 1990 and has developed strong educational and counselling components. The evaluation was commissioned by funders who require a periodic evaluation of the project. However, it was also welcomed by the organisation to assist them in understanding why, despite a reportedly high rate of abuse in the rural area, so few women were using the counselling service. In the first full year of operation only 10 clients used the

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<sup>1</sup> L. Knott is the co-ordinator of the Black Sash in the Knysna region, South Africa

service - in striking contrast to the urban centre's average of 40 clients per month. In view of the fact that both urban sites were extremely busy, while the rural site was hardly being used, the organisation questioned whether their model of working was unsuitable for a rural target group. A comprehensive evaluation report with recommendations was compiled for the organisation.

A number of technical and organisational factors emerged from the data to help explain the modest use of the service thus far. A lack of clarity about an organisational vision and about the future direction of the rural service became evident from the evaluation. Members also held contrary perceptions about the extent to which the rural site should remain dependent on the urban centre. In addition, the co-ordination of the rural service appeared to have been compromised by limited staff and budgetary constraints. For example, no designated staff member was responsible for the overall co-ordination of the rural service. Instead, the education and counselling services were being managed by the respective co-ordinators from the urban centre, which resulted in only marginal time being afforded to managing the rural site in its own right. Therefore, important functions such as local advertising, networking with other community services and ongoing negotiation with resident leaders had been side-lined since an initial opening advertising campaign.

Furthermore, the inadequate implementation of systems of accountability and evaluation appeared to compromise the functioning of the service. Limited resources such as the lack of office space was perceived to inhibit the use of the service. Consequently, interruptions due to sharing the nurses' office were seen to compromise clients' rights to privacy and confidentiality. Furthermore, the need for clients to approach local nurses to access counsellors, was seen to deter potential clients who prefer to remain anonymous. The inaccessibility of the site which was located outside of the central town area as well as the lack of regular public transport were perceived to affect utilisation. Counsellors in general expressed feeling unmotivated to continue work in the rural area unless the conditions of work were improved.

The evaluation made the following recommendations according to the different levels of functioning of the organisation:

- To clarify and further develop the *vision* for the rural service.
- To devise and implement extensive, well planned *programmes* for advertising the service, educating the public about abuse and networking with key role players.
- To implement a clear *management* structure for this particular service in its own right.
- To institute and monitor *systems* of accountability and evaluation for this service.
- To fund-raise for *resources* such as an accessible and private office and a telephone.

In addition to these problematic technical aspects of organisational functioning which were addressed by the recommendations, a wide-spread lack of awareness of both the centre and the issue of abuse against women was a salient factor that appeared to be impacting on the poor use of the service. However, it was unclear whether what was perceived in the evaluation as a lack of awareness of abuse was simply a result of ignorance around this issue, or whether underlying cultural issues had some part to play in this. However, due to time and budgetary constraints on the evaluation study, the need for practical recommendations and the requirement to produce a report which meets the requirements of funders, were prioritised. A deeper analysis of the material which may have thrown some light on these issues, was not possible.

#### **1.4. AIMS OF THE PRESENT STUDY**

The initial evaluation was helpful in identifying several broad areas which appeared to be impacting negatively upon use of the counselling service. The present case study is intended to be an addition to this and to focus on some of the underlying contextual issues overlooked by the initial evaluation. Its focus however, is not primarily evaluative. Rather than grappling directly with the question of why the site is not

doing the work it had intended, it seeks to explore a set of prior assumptions which provide the context within which the service operates.

In conventional evaluation this level of analysis is often left untapped. Rather, the major focus, directed by practical considerations and the conventions of evaluation practice, is a description of the overt behaviour and opinions of those involved. Below these behaviours and opinions however is a whole fabric of cultural assumptions and unspoken meanings which guide and direct responses and attitudes to the work of the counselling service. An understanding of these kinds of issues does not directly answer the question of why the service is badly utilised, but can elucidate the framework of meaning within which the actions of various groups of people might be better understood.

The broad aim of the research is to explore the contextual issues underlying the lack of utilisation of the service. It aims to do this by attempting to answer the following questions:

- What are the perceptions and experiences of being a woman in Swaziland?
- What assumptions are held about violence against women in the community<sup>1</sup>?
- How visible is violence against women in the community?
- What perceptions are held about how violence against women should be dealt with?

Using a different paradigm to the evaluation, this research aims to re-look at the existing information gathered during the initial evaluation process. It aims to draw out, as far as possible, some of the contextually bound assumptions and unspoken meanings which underlie the more overt, practical issues highlighted by the evaluation. The study uses interviews and observations from a variety of sources within the rural community within which the centre was established. It combines these in the form of a case study situated against literature which helps to make sense of the information.

## **1.5. BACKGROUND**

In order to set the scene for the study I use this section to describe the context in which the research took place and to outline the findings of the initial evaluation, which provided the impetus for the present study. This section looks at violence against women in Swaziland, the organisation, the rural area, and finally, the rural counselling service.

### **1.5.1. Violence against women in Swaziland**

The kingdom of Swaziland is a small Southern African country with a population of about one million people, of which 52% are women. According to Dlamini (1999), despite the fact that women constitute over half of the population of Swaziland, their status is patently inferior to that of men. She states that men hold the majority of influential positions in the country with only two out of seventeen cabinet ministers being female.

Dlamini (1999) explains that Swaziland is governed by two legal systems - civil law and customary law - both of which reportedly discriminate against women. She states that when a woman marries she is afforded the status of a minor and as a result, has no claim on important family and community resources. Therefore, she cannot access things like property, credit and inheritance claims in her own right. She further explains that polygamous marriages are sanctioned in Swaziland. This means that men are entitled to marry as many wives as they choose, regardless of their financial and emotional wherewithal to care for them. Dlamini, Kanduza and Manzini (1994) have shown that this situation often lies at the heart of much familial conflict which can lead to abuse. If women leave their marriages, they and their family of origin tend to be ostracised and labelled as 'failures' by members of the community. Dlamini (1999) maintains that this

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<sup>1</sup> The term community is used to describe the group of people in the geographic community served by the service. A broader discussion of this can be found in the methodology section.

pressurises many women to remain in abusive relationships and perpetuates their economic and social dependence on men.

Recent statistics quoted in Dlamini's (1999) paper suggest that Swaziland has rising levels of violence against women. In 1997, 266 cases of rape were reported in Swaziland. This reportedly shows a 30% increase from the previous year. It is unclear whether this is due to more women reporting or whether the incidence of rape has in fact risen. Statistics for domestic violence and other forms of violence against women could not be ascertained because police record these cases as if they are 'assault' cases. However, police officers and doctors spoken with suggest that figures for domestic violence are 'very high'. The intangibility of psychological violence makes the extent of this form of violence difficult to research (McKendrick & Hoffman, 1990).

### 1.5.2. The Organisation

The organisation that provides the focus of this case study is a non-governmental organisation committed to eradicating violence in Swaziland. It was started in 1990 by a group of women volunteers. Although it deals with all forms of violence its primary focus is on women. It endeavours to bring an end to violence through public education, training, advocacy and lobbying. These strategies together with an extensive advertising campaign have had a powerful impact in Swaziland (Renkema<sup>1</sup>, 1997).

The organisation is governed by an Executive Board elected by the general membership. A newly appointed director who is the first local director to be employed, took over from an international skill-share volunteer in January 1999. The organisation is currently made up of three central programmes which are, Education, Counselling and Administration. Each programme is managed by a full time programme manager. The Education and Counselling programmes each have a pool of volunteers who are appropriately trained to

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<sup>1</sup> Renkema is the author of the organisation's project summary, which is not referenced due to confidentiality.

deliver the respective services. Assistance with training has been elicited from similar but more experienced organisations in South Africa.

In 1997, the organisation received a grant to implement their first counselling service for survivors of violence. The centre was located in one of the larger cities in Swaziland. Despite obstacles like the public's lack of awareness about violence against women and the paucity of skills within the organisation, an enormous amount appeared to have been achieved in a short time. This is evident in their assistance of 300% more survivors than was predicted in its first year, as noted in the annual review of 1997/98.

An outreach programme comprising two satellite centres, was implemented shortly after the first counselling service. One satellite centre is based in another large urban area and is also apparently functioning well. The other, which is the first rural-based service and is the focus of this paper, has been more difficult to implement.

### **1.5.3. The rural area**

The rural area is a farming sub-region with a population of about 70 000 people. The sub-region is divided into ten constituencies each of which is headed by a chief. There are reportedly few opportunities for employment in the area. As a result many local men are employed on the mines in neighbouring South Africa and women provide labour on local farms. The more remote parts of the rural sub-region are characterised by a lack of basic facilities such as electricity, water and telephones. In addition, poor roads and public transport make movement into and out of the deeper rural areas difficult (Rural area<sup>1</sup> town board, 1999).

Although, the traditional way of life has become watered down in many of the urban areas of Swaziland, according to organisation members, in rural communities such as this one customary practice is still a powerful force in daily life. The organisation chose this

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<sup>1</sup> The name of the rural area is withheld for the purposes of confidentiality.

particular rural community as its first rural site because of the reportedly high rate of abuse in the area. A spate of newspaper reports drew the organisation's attention to the abuse in the area. Reports which suggested that rape, domestic violence and femicide were increasing in the area, were corroborated by high police statistics.

#### **1.5.4. The rural counselling service**

After negotiations with local chiefs and leaders and an initial advertising campaign to announce the organisation's arrival to the area, the rural service became operational in September 1997. Rent free office space was provided by the local nutrition and maternity clinic situated on the hospital premises. The office had to be shared with the clinic nurses. Counsellors and clients had to wait on clinic benches together with the nutrition and maternity clinic patients awaiting treatment. Clients requiring counselling were obliged to ask nurses to direct them to a counsellor. Four volunteer counsellors from the urban services began to offer counselling three mornings per week at this site, in addition to their counselling shifts at the other centres. Counsellors had to travel about one and a half hours by bus and then walk an additional half an hour to reach the rural hospital site.

Only ten clients made use of the service in the first year of operation. Because the low client figures did not justify retaining valuable volunteers who were needed at busier centres, the rural counselling service was reduced from three to two mornings per week. Several problems have been encountered at this site and were highlighted in the initial project evaluation which forms the background to this study.



## CHAPTER TWO: LITERATURE REVIEW

### 2.1. VIOLENCE AGAINST WOMEN

#### 2.1.1. Introduction

A plethora of research has introduced the problem of violence against women<sup>1</sup> to the world. However, although the nature of the problem, the extent of it and the severity of its effects have been well documented in the western world, they have been less well documented in developing countries (Fischbach & Herbert, 1997). In order to contextualise the present study within a broad theoretical foundation, this section provides a brief overview of relevant literature on violence against women, particularly that deriving from the developing world.

I begin this section by exploring how the literature defines violence against women. I then look at what has been documented about the extent and the effects of the problem to demonstrate the importance of doing research in this area. Thereafter, I present an overview of the strategies being used to deal with violence against women, as outlined by the literature. Within this I focus more specifically on what has been written about counselling as a response to gender violence and finally, I conclude this section with a brief look at literature on the utilisation of services for abused women.

#### 2.1.2. Defining violence against women

In order to understand what is meant by 'violence against women', this section explores definitions which are currently being used and raises issues which have emerged in trying to reach an internationally acceptable definition.

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<sup>1</sup> I use the term violence against women to denote both physical and non-physical violence. In addition the terms gender violence, abuse and battery are also sometimes used.

According to the literature there is still no single globally agreed upon definition of what violence against women is (Fischbach & Herbert, 1997). A perusal of the literature on this topic suggests that there are two central positions on how violence against women should be defined. For the purposes of the discussion I will call these the 'human rights position' and the 'cultural argument'.

#### 2.1.2.1. The human rights position

The human rights position is clearly articulated in the United Nations definition of violence against women which was adopted by the General Assembly in 1993:

*...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life (World Health Organisation, 1997, p. 1).*

This definition incorporates but is not limited to physical, sexual and psychological violence such as rape, sexual abuse, sexual harassment and intimidation, harmful traditional practices and any kind of violence perpetrated or condoned by the state. Furthermore, these practices are considered to be 'violence' irrespective of whether they occur within or outside of the family (World Health Organisation, 1997).

In addition to the commonly understood forms of gender violence cited in the above definition, Fischbach and Herbert (1997) contend that other threats to women such as dowry deaths, honour murder and disproportional exposure to HIV/AIDS have recently emerged and are forming a 'new lexicon' of violent crimes against women.

Human rights protagonists reason that as with other human rights violations, violence against women cannot be excused due to a lack of awareness about this issue (Nhlapo, 1992). They further argue that the United Nations definition of violence against women holds, irrespective of cultural and contextual differences.

#### 2.1.2.2. The cultural argument

In contrast to the human rights position, the cultural argument suggests that it is not possible to derive one definition because perceptions of what constitutes violence against women are culturally relative. Counts (1990) argues that violence against women only *exists* within particular cultural understandings and that global definitions like the United Nations definition quoted above, are unlikely to be accurate or exact. Proponents of the cultural position therefore maintain that violence against women should be differentially and locally defined in accordance with the customs and mores operating in a particular cultural context. Proponents of the cultural argument assert that abuse is a western concept which powerful nations seek to impose on traditional societies (Nhlapo, 1992).

#### 2.1.2.3. The debate

There are clearly two opposing positions in this much debated area - the human rights position which states that certain behaviours are unequivocally unacceptable, regardless of cultural difference, and the cultural argument which maintains that violence against women means different things in different cultures. Traditional practices such as female circumcision encapsulate this debate. According to Zurayk, Sholkamy, Younis and Khattab (1997), in some countries in the Arab world female circumcision is perceived by local women as a necessary pre-requisite for entry into womanhood. However, according to international definitions, this practice is clearly a form of gender violence.

Nhlapo (1992) takes issue with proponents of the cultural argument. While she acknowledges that there are fundamental issues in African customary law that pose difficulties for the women's struggle, she maintains:

*if it is unacceptable for humans to be beaten up, it is unacceptable for all humans. When we accept it for others, we classify them as non-human. In the end this is what human rights are about: refusal by rational society to pass moral judgements that contain exceptions* (Nhlapo, 1992, p. 13).

Fischbach and Herbert (1997) support different aspects of both arguments. Although they concur with the idea that violence against women is culturally determined, they also argue that a tacit cross-cultural agreement about what is acceptable does exist even in cultures which have little understanding of the concept of violence against women. Findings from a Ghanaian study on domestic violence (Ofei-Aboagye, 1994) support their argument. The study found that while most respondents agreed that physical 'discipline' of wives is sanctioned within Ghanaian marriage, most women and some men indicated that 'excessive' beating of women is *not* acceptable. This was demonstrated in the fact that abused women who feared for their health or lives, sought assistance from relatives, elders and priests despite feelings of humiliation, guilt and shame. This suggests that although a degree of wife-beating is sanctioned within marriage, there is a level of severity after which it is no longer condoned, despite a lack of awareness about the issue of domestic violence.

Fischbach and Herbert's (1997) argument suggests the possibility of walking a path between the two positions. While they do support the need to abide by a human rights standard in relation to this issue, they seem to be proposing that a mediated understanding between human rights and different cultural practices should ideally be strived for. They suggest that local definitions of violence against women should be developed within the broad constraints of human rights principles.

The debate which emerges from the attempt to define violence against women highlights the complexity of the issue itself. Although existing definitions have been helpful in beginning to create a global language with which to talk about violence against women, differences in perceptions of what constitutes abuse, and the tension

between western based definitions and various traditional practices, ensure that the debate about what violence against women really is, remains alive.

### **2.1.3. The extent of violence against women**

In order to understand contextual issues surrounding violence against women, it is important to understand the extent of the problem. This section provides a broad overview of the extent of violence against women, with a focus on the developing world. Despite the complexity involved in defining violence against women and the use of different definitions by different studies (Heise, Raikes, Watts & Zwi, 1994), the literature has revealed consistently high levels of violence against women in most parts of the world. Although much of the literature is western based, a few seminal studies have been carried out in the developing world.

An important paper by Heise et al. (1994) for instance, collated data from a range of less developed countries and in so doing has provided valuable information. The data suggests that in Zimbabwe, for example, 32% of women experienced abuse by a family member since the age of 16, in Chile, 80% of women suffered abuse by a male partner or relative and in Kenya, 42% of women were regularly beaten by their husbands. Estimates from South Africa suggest that a rape is committed approximately every 23 seconds. Although this figure was recently challenged in the South African media, it is widely accepted by those who work in the area (Rape Crisis Cape Town, 1999).

Although these statistics provide an indication of the severity of the problem, Heise et al. (1994) note that the lack of definitive definitions make cross-country comparisons tenuous. They further state that research has been hindered by inadequate and inaccessible data because in some countries like Swaziland for example, domestic violence cases are still recorded as 'assault' (Dlamini, 1999). Furthermore, underreporting of cases of abuse has been noted as an obstacle to the collation of truly

accurate data (Heise et al., 1994). Although limited empirical research has emanated from the developing world, and despite the obstacles in gathering data, studies which have been done suggest that the problem of violence against women (as defined by the United Nations definition) in less developed nations is at the very least equally as pervasive as in the western world (World Health Organisation, 1997).

#### **2.1.4. The effects of violence against women**

In order to provide an appropriate service for survivors of violence, it is important to have an understanding of the effects of the violence. It is also interesting to ascertain if the effects differ in different contexts. This section provides a brief overview of some of the literature on the effects of violence against women.

The large pool of western-based literature as well as the scant, but newly accruing data from developing countries suggest that the consequences of violence to women and to society internationally, are significant and disturbing. For example, Desjarlais, Eisenberg, Good, and Kleinman (1995) draw attention to the fact that in many countries the number of deaths resulting from violence against women is escalating. They suggest that deaths due to 'dowry deaths' or 'bride burning' in India and female infanticide in China and various Asian countries are of particular concern.

International literature suggests that physical injuries and various physical health problems are common effects of violence against women (Berrios & Grady, 1991). Furthermore, according to Desjarlais et al. (1995), an increasing relationship between domestic violence and mental health has been revealed in recent cross-cultural studies. One study found that battered women are four times more likely to require psychiatric care and another highlighted that battered women are five times more likely than non-battered women to commit suicide (Desjarlais et al., 1995). Other psychological sequelae commonly observed in the lives of survivors are depression, stress-related syndromes and substance abuse (Koss, 1990; Leidig, 1992).

Research on the effects of violence against women in developing countries is only beginning to emerge (Fischbach & Herbert, 1997). That which is available suggests that symptoms are common across diverse cultures, but that the presentation of symptoms is sometimes culturally determined (Hedlund & Gothberg, 1998). It has been shown for instance, that in some cultures, rather than divulging their abuse, survivors are more likely to present at clinics with symptoms such as anxiety, depression and low self-esteem (Fischbach & Herbert, 1997). As a result, several authors such as Richardson and Feder (1995) and Edleson and Frank (1991) have stressed the need for health practitioners to be versed in the signs and symptoms of abuse. According to Swartz (1998), there is a perception that psychological sequelae are more likely to present as somatic complaints in 'less sophisticated' communities. He takes issue with this perception, which he understands to be more a reflection of the differential power relationship between health professionals and their patients than about the symptomatology.

In addition to sequelae experienced by individual women, the broader impact of violence against women on family, society and state is also repeatedly referred to in papers on this topic. It is estimated that domestic violence and rape account for about 5% of the global health burden for women in the reproductive years (Desjarlais et al., 1995). Fischbach and Herbert (1997) maintain that important aspects of a nation's development, such as productivity, the sense of cultural preservation, social harmony and societal integrity are negatively affected by the effects of gender violence. Furthermore, in her South African paper, Aartz (1998) draws attention to the enormous costs incurred by the state in providing medical and legal services to survivors.

This discussion highlights the fact that the effects of violence against women are serious and far reaching. It affects both individuals and social structures which form the foundation of community and social life. In the literature reviewed no significant differences were revealed in terms of effects in developed countries and those in less

developed countries. According to Fischbach and Herbert (1997), it is only through understanding the effects of violence, that adequate intervention and prevention strategies can be developed.

#### **2.1.5. Strategies to deal with violence against women**

In order for an organisation to think about whether its strategies for dealing with violence against women in a particular context are effective, it is helpful to explore what has been written about local and global strategies that have already been utilised in various contexts. In this section I briefly consider literature which looks at strategies that have emerged in response to the magnitude and seriousness of violence against women. Although much has been written about this, there is again a dearth of literature from less developed countries (Heise et al., 1994).

Historically in many countries, responses to gender violence took the form of isolated groups of middle class women coming together to intervene (Heise et al., 1994). These groups - often activists and professionals such as lawyers and psychologists - founded non-governmental organisations, many of which are still functioning today. These organisations tend to focus their efforts on preventative and/or curative strategies. In terms of prevention, they aim to bring about community reform through public awareness, training, advocacy and lobbying (Heise et al., 1994). And curatively, they often provide counselling and legal advice for survivors of violence.

According to Heise et al.(1994), in some countries, organisations have formed coalitions which have developed diverse creative strategies to bring about change. In Mexico for example, at a national forum on sex crimes, eighty-eight testimonials on rape and domestic violence were presented to the House of Deputies. And in Malaysia, an extensive programme consisting of community organising, workshops, media campaigns, demonstrations, lobbying and petitions was carried out.



Fischbach and Herbert (1997) emphasise the need for local strategies to be culturally sensitive and appropriate. They explain that, "*as local context gives shape and meaning to domestic violence and its ramifications, so too, will the local context shape appropriate strategies of intervention* (p. 1173). However, they point out that in order to ensure that strategies are culturally sensitive, programmes need to be informed by ethnocentric and local research - of which, in most African countries, little has thus far been undertaken.

According to Heise et al. (1994), in recent years violence against women has begun to gain global recognition on the international policy agenda. They suggest that this recognition was facilitated by the United Nations decade for women which raised consciousness about the issue and resulted in increased funding for related projects. This in turn, has led to the development of policy initiatives and diverse interventions on many levels. In addition, it has assisted organisations to become more visible and therefore reach wider audiences, thereby consolidating their activism. More recently, the international trend of mobilizing for reform in the health sector has provided another opportunity to achieve increased international recognition and legitimization (Fischbach & Herbert, 1997).

However, in order to be effective, strategies to eliminate and deal with violence against women need to be tackled at both local and global levels and need to incorporate the voices of women (Sullivan & Bybee, 1999). Heise et al. (1994) allude to the difficulty of integrating local and international strategies when they suggest that the question of how to integrate grassroots and international activism into concrete changes in policy, still has to be answered. Fischbach and Herbert (1997) propose that the human rights effort is a pertinent medium through which to do this. They explain:

*Novel initiatives which include human rights discourse at the center of the discussion allow breadth in data collection. This promotes the increased possibility of intervention and prevention which are both locally specific and connected to international efforts to facilitate change* (p. 1173).

Programs which appear to have had the most success at integration are those which begin at grassroots level and slowly make their way onto a national and possibly international agenda (Fischbach & Herbert, 1997).

The literature reviewed considers both local and global strategies that have been used to address violence against women thus far. It stresses the need for local initiatives to understand the cultural context in which they work, and thereby ensure their cultural relevance. It also highlights the need to integrate local programmes with global strategies and suggests that this can be done by combining local specificity and human rights principles. However, the literature reviewed does not talk about the practical implications of this, nor does it provide tangible case studies where this has been done.

#### **2.1.6. Counselling as a response to violence against women**

The rural satellite service, which forms the focus of this study, uses counselling as its central strategy. Therefore relevant literature which may be helpful in providing an understanding about counselling as an intervention for survivors of gender violence, particularly in relation to the cultural context, is presented in this section.

##### **2.1.6.1. The psychotherapeutic model**

It is important, before attempting to provide a treatment, to have some understanding about the problem that needs treating. Although individual woman's response to violence are unique, and it is therefore difficult to generalise about the experience of survivors, there is evidence that many survivors suffer from trauma as a result of incidents of violence (Herman, 1992). There is a large body of literature on trauma which it is not appropriate to survey here. However, some central arguments from this literature will briefly be mentioned.

Some authors, such as Van der Kalk (1987) argue that trauma manifests in the form of a physiological response and therefore is best treated as a medical condition. Others, are convinced that the deepest scars are psychological and that psychotherapy or counselling therefore offer the most appropriate cure (Herman, 1992). Still others are more recently questioning the very concept of trauma (or post traumatic stress disorder). Young (1997) for instance, maintains that an individual's experience of a 'traumatic' event is related to the individual's *social context* which shapes how an event is experienced and understood.

The North American psychotherapeutic (and psychiatric) literature implicitly accepts the notion of trauma and subscribes to a model of individual therapy as the ideal method of recovery from trauma. Writers theorise that a positive, supportive relationship improves survivors' psychological well-being and enables them to alleviate negative sequelae resulting from trauma (Dobash & Dobash, 1992). Herman (1992) explains:

*The core experiences of psychological trauma are dis-empowerment and disconnection from others. ... Recovery can take place only within the context of relationships; it cannot occur in isolation. In her renewed connections with other people, the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience (p. 133).*

Despite the popularity of this view in the United States, feminist authors have criticised this theory for perpetuating the notion that the problem resides within the individual's pathology (Dobash & Dobash, 1992).

#### 2.1.6.2. Feminist counselling

Although feminist authors like Dobash and Dobash (1992) recognise that women do often benefit from individual therapy, they argue that if the *context* of the survivor's experience is lost, her suffering is de-legitimated and society is precluded from

responding appropriately. Feminist literature stresses the need to address societal structures that support patriarchy, rather than merely focusing on treating the individual. Feminists propose that clients should be educated about the broader context of their abuse in order to avoid blaming themselves (Whalen, 1996).

In addition to taking issue with the individual focus of one-on-one therapy, feminists have criticised the power imbalance evident in many therapeutic relationships. They claim that the hierarchical relationship between therapist and patient resembles that in patriarchal relationships. Stark and Flitcraft (1988, p. 141) propose that a patient who is perceived as “helpless and deteriorated” in the hierarchical medical context may be seen as a “strong survivor” in a more equalised counselling environment, where her experience is validated and her strengths recognised and affirmed. They argue that empowerment is the central goal of therapeutic work with abuse survivors.

Many rape crisis centres in the United States, Europe and other countries, have responded to the feminist call for ‘empowerment’ of survivors, by offering counselling based on this ethic. The philosophy of a South African centre such as Rape Crisis Cape Town for example, is based on a feminist approach which encourages women to make active choices in their own healing and assists them to recognise their strengths rather than their inadequacies (Rape Crisis Cape Town, 1994).

Feminist theorists have clearly made an important contribution in thinking critically about the therapeutic relationship. However, the western origins of feminist theorising appear to make it difficult to apply this model to dissimilar cultural contexts such as the African context.

#### 2.1.6.3. Cross-cultural counselling

The usefulness of transporting the individual counselling model as a response to violence against women, into a traditional African context, appear to be largely unexplored in the literature. However, one paper on this topic suggests that this model

is not necessarily easily transportable. In writing about her work at a Zimbabwean women's counselling centre, Taylor (1991) explains that the individual counselling model conflicts with the local 'counselling' model. Each girl is assigned a paternal aunt or 'tete' who takes responsibility for her moral education by actively giving advice and instruction. As a result, Taylor suggests that the disjunction between the directive 'tete' approach and the feminist 'empowerment' or non-directive approach causes women to become confused and mistrustful of counselling.

Research from medical anthropology on mental health and culture provides an interesting framework within which to think about counselling in the cross-cultural context. Helman (1994) for example, talks about the importance of the *meaning* ascribed to an experience, which of course, is culturally determined. The meaning, he claims, is often more important than the pain itself and will determine whether help is sought. Therefore, he stresses the importance of understanding an individual's culture, or "*the lens through which one sees*" (p. 7), in order to devise treatments which are culturally appropriate. This suggests that a survivor would only seek help if she perceived herself as having been harmed or abused.

Equally as important as the *meaning* ascribed to the experience in determining whether help is sought, is the meaning of the 'treatment'. In order for a treatment to be helpful, it must make sense to the recipient (Helman, 1994). While counselling is based on western notions of self-awareness, privacy, verbalisation of distress and insight (Chaplin, 1993), more traditional forms of healing tend to be associated with more social and supernatural phenomena (Kleinman, 1991). It also is often less structured, shorter and more focused on the present. According to Kleinman (1991):

*Non-western healing systems, apart from perhaps Buddhist ones, usually do not regard insight as a necessary ingredient of therapeutic change, nor are individuation or personal growth explicit treatment goals (p. 117).*

Helman (1994) proposes that some clients who are not familiar with the western model of counselling, can become “*acculturated*” into this form of healing by learning the counselling language over sessions (p. 281). However, although they may adapt to the counselling process, family members may not. This could leave the client feeling alienated or different and unable to elicit valuable family support.

Helman (1994) further questions whether individual, family, or community should be the subject of treatment. He suggests that in some communities, where mental illness is seen to arise from social causes, interventions including family, friends or community could prove more appropriate. He surmises that this would enable all parties, rather than just the individual to participate and benefit from the healing process.

Although North American and feminist literature has shown that individual counselling is a helpful intervention for many survivors of violence in the west, this has not been demonstrated in the less developed or traditional African context. Medical anthropological literature has emphasised the importance of cultural meaning as a factor in determining whether a treatment will be used or experienced as helpful. It also highlights fundamental cultural differences in the role of the family and in the assumptions which underlie western and non-western strategies of healing.

Kareem and Littlewood(1992) are helpful in attempting to answer the question of whether an individual counselling model is relevant and useful in the less developed context. They suggest that a single model of treatment is not feasible for intercultural work. They argue that appropriate context-sensitive treatment models should be developed through a process of ongoing learning and exploration and undertaken in conjunction with community members. This implies that an individual counselling model is only likely to be appropriate in the cross-cultural context, if it is adapted to the specific needs and understandings evident in the local cultural context.

### 2.1.7. Utilisation of counselling services for survivors

In this section I present a brief review of literature relating to abused women's utilisation of services. Although no literature was found on utilisation of services for survivors in the African context, some American studies and some African studies on *other* forms of counselling are helpful in thinking about the effect of culture on utilisation.

#### 2.1.7.1. Cultural factors

In a North American study Delphin and Rollock (1995) found that in seeking treatment, African Americans favoured traditional healing methods over western-based mental health care. In addition, they displayed a preference for ethnically similar helpers with a similar world view. This suggests that 'outsiders' providing a service in a community different to their own may struggle with their services not being utilised.

Wyatt (1992) further suggested that help-seeking behaviour of abuse survivors is influenced by knowledge, attitudes and perceptions of violence against women:

*The possibility that African American women may not perceive themselves as rape victims or their experiences as meeting the criteria of 'real rape' has implications for the disclosure of incidents (p. 77).*

Helman's (1994) comments mentioned earlier about the need for a treatment to be *meaningful* are especially pertinent in the cross cultural context. Gary (1985) has noted a similar association between cultural meaning and utilisation. A study on HIV counselling in Uganda provides an example of an attempt to make counselling meaningful within the local context (Seeley, Wagner, Mulemwa, Kengeya & Mulder, 1991). The paper described the difficulty of identifying appropriate local terminology with which to talk about counselling. In this case the word "okubudabudda", which

means 'giving guidance' was eventually identified and gave local meaning to the concept of counselling (Seeley et al., 1991, p. 210).

In a Nigerian study on guidance counselling, Obayan (1995) offers a solution to the problem of under-utilisation by suggesting that the family be included in the counselling process. Despite the pertinence of this study due to its African basis, generalising this idea to counselling in the case of abuse survivors, should be undertaken cautiously. Including the family in the counselling process, without considering the sensitive nature of abuse or the complex dynamics that may be at play in the family, could lead to further traumatization, rather than recovery.

#### 2.1.7.2. Rural factors

In addition to cultural factors, the literature also alludes to factors affecting utilisation that pertain specifically to the rural context. Authors have found that socio-economic constraints, restricted access to services, isolation, unemployment, inadequate housing and child-care, a lack of anonymity due to small communities, cultural norms encouraging self-reliance, family and group loyalty and relatively rigid family and gender roles, are all obstacles that impact upon utilisation of services in rural areas (Aartz, 1998; Edleson & Frank, 1991).

In a South African study, Aartz (1998) discovered that women prefer a one-stop service, where they can consult with all relevant professionals such as medical and legal practitioners in one place. Sanders-Thompson and West (1992) proposed that the opinions of family and community members play a significant role in influencing rural clients to utilise services. Therefore, the relationship between community and organisation are of paramount importance in determining whether the service is sanctioned and therefore utilised in the less developed context (Leff, 1997). A further factor identified by Edleson et al. (1991) as an impediment to the use of rural services, particularly in relation to survivors of abuse, is the slow pace of change characteristic



of rural areas. They emphasise that a change in attitude about violence against women may take time and therefore, the growth of the client base in rural areas could be expected to take longer than in urban areas.

#### 2.1.7.3. Other factors

In addition to the literature suggesting that cultural and rural factors may influence utilisation of services for women, the broader literature on the silence around women abuse and the subsequent difficulties with disclosure and reporting, also provides insight into why women may choose not to approach a service for help.

According to Wyatt (1992) the ability to disclose and therefore, to seek help, will depend in part on the extent to which the survivor blames herself and suffers from feelings of guilt about having been abused. Angless and Shefer (1995) talk about the detrimental effects of domestic violence on self-esteem. They point out that a lack of confidence makes it difficult for survivors to trust that they will be believed and may reinforce feelings of self blame. In addition, fear is commonly cited as a deterrent from speaking out about abuse (Maconachie, Angless, & Van Zyl, 1993). For example, in cases of domestic violence a fear of further abuse or of losing socio-economic support often exists. A more generalised fear about recrimination, gossip and blame from family and community, is also documented as an obstacle which prevents many survivors from seeking out assistance in dealing with their abuse.

In conclusion, the literature on violence against women suggests that there are wide cultural differences in perceptions about how violence against women should be defined, about how the survivor may be expected to respond to it, and about what kinds of interventions are most suitable to deal with it. In particular, the literature suggests that if an individual counselling model is to be meaningful in the developing world, it should be adapted to the local context in which the service is being offered. Furthermore, authors in the field highlight a number of factors - cultural, rural and

other - which influence whether a service is utilised or not. The above review also considers how cultural differences can be thought about in relation to more universal human rights views on violence against women.

This discussion implies that running a counselling service for survivors of violence is not a simple task. It suggests that complex cultural and other contextual factors would be essential to consider if a service is to be successfully delivered. Evaluation research is one helpful way to determine if services are in fact performing the work which they intended. However, it is unclear whether evaluations would be able to make sense of the complex contextual issues involved in providing a service for abuse survivors in the cross-cultural context. In an attempt to explore this, I have included a brief section on evaluation, which seeks to understand whether evaluation research, as it is currently practiced, is able to account for the complexity of underlying contextual meanings.

## **2.2. EVALUATION RESEARCH**

Although the major focus of this study is not evaluative in the conventional sense, the rationale for this research rests to some extent on perceived gaps in the practice of evaluation research. There is a large body of literature on the subject of evaluation which is well beyond the scope of this dissertation. However I will briefly trace some of the developments within the area which have helped to inform this study.

The widespread use of systematic evaluations is a relatively modern development (Rossi & Freeman, 1993). Despite Shadish, Cook, and Leviton's, (1991) talk of a growing "*evaluation theory*", some authors argue that the evaluation field does not have sufficiently clear boundaries from social research to be considered an entity in its own right. Nevertheless, there is much debate within the field of evaluation research as to how it should develop. Included in this is a range of perceptions about the 'right' way of doing evaluations (Rossi & Freeman, 1993).

Evaluation is defined by Rossi and Freeman (1993) as *"the systematic application of social research procedures in assessing the conceptualisation, design, implementation and utility of social intervention programs"* (p. 5). And the role of the evaluator is *"close to that of an expert witness, furnishing the best information possible under the circumstances"* (p. 454). Although there are many methods of gathering the required information, this process usually involves speaking to relevant parties such as programme staff, members of the target group and other stake-holders (Rossi & Freeman, 1993). Participants are questioned about their perceptions about the programme, their understanding of what it does, and what they believe to be its strengths and weaknesses. Sometimes other methods such as a perusal of statistical data (for example, attendance figures) provide additional data to corroborate the more qualitative findings (Rossi & Freeman, 1993). The information gathered is then collated into a meaningful explanation about the effectiveness of the programme and recommendations for improvement are made by the researcher on the basis of these findings.

In general, the questions asked and the data used to determine the effectiveness of the programme, are often centred around finding out concrete or technical information about the programme. Although this does provide important information, it also easily lends itself to overlooking essential contextual factors which impact upon the ability of the programme to do its intended work. As a result, contemporary authors are emphasising the need for evaluations to consider the influence of the context and of other less obvious factors on programmes and on the evaluation process itself. Supporting of this, Rossi and Freeman (1993) state:

*Evaluators must look beyond the considerations of technical excellence and pure science, mindful of the larger context in which they are working* (p. 467).

Taking the context and underlying factors into account can be challenging for evaluators because of *"the strain between a press for evaluations to be scientific on the one hand and pragmatic on the other"* (Rossi & Freeman, 1993, p. 27). However, a

lack of cognisance of these characteristics may undermine the process of the evaluation and prohibit important understandings from emerging.

In addition to considering contextual factors in evaluations, authors in the field are drawing attention to the usefulness of engaging with the complexity inherent in programmes. Louw (1999) alludes to this in his comments about using evaluations to help make the underlying assumptions that live within organisations, explicit. He argues that if assumptions about the relationships between various parts of a system are not clarified they can anonymously impact upon the programme. He says:

*By making the assumptions explicit, we are in a better position to discuss whether they are reasonable in terms of what the available research literature tells us about these kinds of strategies, or the findings from case studies, or from the insights and perceptions of people involved in this and similar programmes (p. 63).*

Similarly, Leiper (1994) theorises that organisations have 'defences' which evaluators should attempt to assist them to become aware of. He suggests that it is not easy for some organisations, especially those working with trauma, to 'think'. He argues that in such organisations the fear of being overwhelmed causes them to avoid thinking too much by setting up extremely structured routines. Other authors such as Gouws (1994) have considered the importance of the evaluator's subjectivity in the process of evaluation and speak about the need for a good 'fit' between the subjectivity of researcher and organisation.

What I suggest in the above discussion is that there is literature which supports the idea that evaluations need to address social, contextual, unconscious and other more complex issues in the evaluation process, and not just the more overt and technical aspects. However, due to practical constraints such as time, funding and the need to produce concrete recommendations, these more complex and time consuming aspects tend to be cast aside. Although understandable, disregarding these factors detracts

from the evaluator's ability to provide a rich and comprehensive assessment of the programme in its broader context.

Hence, although evaluations do assist programmes in many ways, they tend to offer a very particular evaluative perspective. This may at times obscure other possibly enlightening perspectives from emerging and informing the programme's work. In particular, evaluations often provide little help in explaining complexity, context and meaning. Although the primary focus of this study is not to evaluate, it is hoped that it might offer suggestions that could usefully assist the organisation in further developing the service.

University of Cape Town

## CHAPTER THREE: METHODOLOGY

### 3.1. INTRODUCTION

This chapter comprises a discussion of the qualitative research methods chosen for this study. Rather than being framed in the usual linear order where participants and information gathering methods are discussed separately, this section, as far as possible, unfolds in the same way that the research process evolved. This has been done to confer upon the reader a sense of the texture and feeling of the research experience, which in itself has informed the study.

### 3.2. METHODOLOGY

One of the strengths of qualitative research is its ability to “*capture the sense that lies within*” (Parker, 1994, p. 3). The aim of this post-evaluation study was to do just that. To capture a sense of the assumptions, beliefs and understandings which lay beneath the participants’ overt opinions and behaviours, in relation to violence against women.

The ‘interpretivist’ nature of qualitative research has been regarded by critics as proof of the unscientific nature of this methodology, as has the controversial issue of ‘subjectivity’. However, proponents of qualitative research claim that everything in social life is interpreted and that a study of the social world by its very nature cannot be purely scientific (Denzin, 1994). Furthermore, as Stake (1995) suggests, subjectivity is a central and integral tenet of qualitative research, rather than an element of bias to be avoided. Peshkin (1985) expressed this eloquently in noting that by, “*virtue of subjectivity, I tell the story I am moved to tell. Remove my subjectivity and I do not become a value-free participant observer, merely an empty-headed one*” (p. 280).

### 3.3. METHODS

#### 3.3.1. Introduction

A case study method has been used for this research. The study's aim is to be an in-depth investigation into the issue of women abuse and a counselling service intended to deal with it, in the context of a particular rural community in Swaziland. Stake's (1995) description of the case study as an "*exploration into the particularity and complexity of a single case*" (p. 6), conveys the pertinence of this method for this study. An advantage of the case study, which is particularly relevant for this research, is its ability to capture the richness and meaning of life events and processes both on an individual and on an organisational level (Mason, 1996). The case study method has enabled me to access and convey a multi-faceted and well rounded picture of the perceptions and assumptions about women abuse and the counselling service set up to deal with it, held by members of the rural community.

It is argued that the benefits of the case study are compromised by the lack of generality of its findings (Kirk & Miller, 1986). Stake (1995) agrees that a single case does provide a less strong argument for generalisation, but he maintains that "*much that is general can nevertheless still be learnt from a single case*" (p. 8). He proposes that a single case often facilitates important confirmations or modifications of existing generalisations, rather than creating entirely new ones.

Due to logistical and funding reasons, it was not feasible for me to return to Swaziland to gather further information for this study. Therefore, the same data was used for both the initial evaluation and the present study. Due to my interest in exploring underlying meanings and the impact of context, I gathered the initial information with an awareness of different levels of meaning that might exist. I also consciously attempted to elicit material that would encourage complexities and contradictions to emerge.

### **3.3.2. Setting up the initial evaluation**

The original terms of reference for the evaluation outlined an enormous task including, over and above the evaluation of the rural service, needs assessments in two other rural areas. It felt impossible within the constraints of time and resources to do justice to all of these. Cross-country negotiations between the organisation in Swaziland and myself in South Africa resulted in an agreement to limit the study to the one rural service already in operation. It was decided that once this rural service was functioning optimally, it would serve as a pilot for similar services in other rural areas.

Setting up the research from South Africa proved more difficult than anticipated. Although a research assistant appointed by the organisation played a crucial role in planning the information gathering process, difficulties in communication via e-mail and telephone continually hindered progress. For example, an important focus group was planned on a day when required participants were unavailable to attend. While this might appear incidental, the difficulties in performing administrative tasks were perhaps indicative of the experience of doing rural-based research.

Once in Swaziland, I discovered that the contact person who had signed the terms of reference was to be away at a conference for most of my stay. This, together with the fact that the organisation employed a new director after the negotiations had been completed, led to confusion about who in the organisation was responsible for the research. A lack of clarity about the role of the research assistant and various administrative obstacles provided added confusion in the preparation period. Differences in working styles that existed between myself and the organisation were negotiated throughout the process and proved to be an informative aspect of the research.



### **3.3.3. Identifying and accessing participants for the initial evaluation**

The aim of the initial evaluation was to assess the functioning of the rural satellite counselling service with a view to better understanding why so few survivors of abuse were making use of it. To gain access to the necessary information to do this, members of the organisation and members of the target population were identified as important informants in the study.

Members of the organisation were chosen for their knowledge and perceptions about the functioning of the organisation and for the experience of working both within the organisation and within the rural community in which the counselling service is based. The target group which I refer to as 'the community' is defined by the geographical population served by the satellite counselling service. It also however, includes people who work in this area but do not necessarily live there. This group was chosen to participate in the study for the information they could provide about how community members understand abuse, what strategies for healing already exist in the community and how the organisation is perceived by community residents.

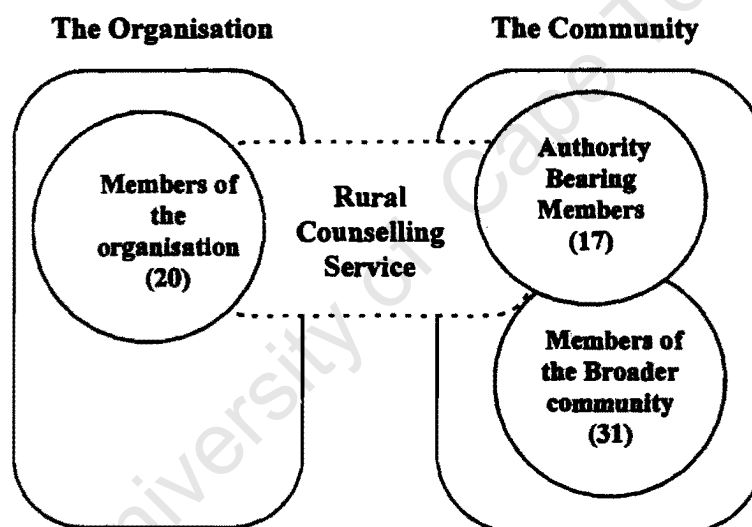
Although the aim of the present study is somewhat different from that of the initial evaluation, the information gathered for the initial evaluation also provided the material for this study. Therefore, it should be noted that participants were chosen with the initial study in mind and may have been slightly differently chosen had they been identified specifically for the current study.

For the purposes of this case study I have divided members of the community into two groups which I have called 'authority bearing members' and 'members of the broader community' (or 'residents'). This categorisation mirrors what appeared to be naturally occurring differences in education and social standing. The hypothetical division felt important to ensure that each of these groups was clearly represented in the study, without

members of one speaking for, and thereby masking the perceptions of the other. However, it should be noted that the division is a false one, and in some cases, for example in the case of the local business-woman, it was not clear who belonged in which group. For the purposes of the study therefore, the participants are represented in the following three groups:

- Members of the organisation
- Authority bearing members of the community
- Members of the broader community (or 'residents').

Figure 1. provides a visual representation of this categorisation and indicates the number of participants interviewed from each group:



*fig. 1: Representation of Participant groups*

#### 3.3.3.1. Members of the organisation

This group of participants was made up of staff and volunteer members of the organisation, all of whom were black Siswati-speaking Swazi women between the ages of 22 and 45. Although all members of this group currently reside in urban areas, they all reported having strong rural connections with family members such as parents, grandparents or other relatives still living in rural areas. Representatives from the

different organisational levels (management, staff and volunteers) were chosen to participate in the study so that a cross section of experience could be reflected. Although only one or two members from each level were interviewed, all four counsellors who counsel at the rural site were invited to participate in the study. They were considered valuable informants because of their experience of working within the community and because of their intimate knowledge of survivors and their stories. All four counsellors also volunteer at the two urban counselling sites. Apart from one counsellor, none were employed elsewhere and were searching for work in their spare time. All reported having received further education in the form of college degrees or other courses. Only one of the four counsellors had herself grown up in a rural area. Participants from this group are listed in table 1. below:

<i>Members of the organisation</i>	<i>Interview type</i>	<i>no.</i>
board member	individual	1
director	individual	1
counsellors	individual	4
counselling manager	individual	1
education manager	individual	1
new volunteers still in training	group	12

*Table 1: Members of the organisation*

Members of the organisation who were located in the fully equipped office in the urban area were easily accessible. Appointments were set up prior to my arriving in Swaziland and took place in the counselling room at the urban centre.

### 3.3.3.2. Authority bearing members of the community

This group of participants consisted of those who hold positions of authority in the rural community. This includes community leaders, state employees and professionals who live or work in the community (see Table 2.). Again all were black, Siswati-speaking

Swazis. This group was included in the study for their understanding of relevant social institutions (e.g. the justice system) operating in the community as well as their insight into the experiences of abuse survivors through some of their work. In addition, because some members of this group had undergone some form of tertiary education or training, which distinguishes them from the majority of community members, they were able to provide access to a different perspective in the community.

<i>Authority bearing members of the community</i>	<i>Interview type</i>	<i>no.</i>
head magistrate	individual	1
doctor	individual	1
nurses	group	3
police	individual	1
matron	individual	1
traditional healer	individual	1
chief	individual	1
assistant chief	individual	1
member of parliament (MP)	individual	1
pastors	group	2
primary school teachers (women)	group	3
high school teacher (male)	individual	1

*Table 2: Authority bearing members*

Although members of this group were relatively easily accessible because most could be reached by telephone and were based in the central town district of the sub-region, many found it difficult to spare the time to talk with us. As a result we talked with some, like the doctor who was administering an injection, whilst they were at work.

### 3.3.3.3. Members of the broader community ( or 'residents')

The third group of participants included local members of the rural community who on the whole, lacked tertiary education (see Table 3.). Members of this group were black, Siswati-speaking men and women who lived and worked in the geographical area based in the deeper rural area. Although some members of this group were identified prior to embarking on the information gathering process, others were spontaneously incorporated into the study. This group was significant in terms of what they knew and could share about their perceptions about abuse, about the organisation and about day-to-day rural life in Swaziland.

<i>Members of the broader community</i>	<i>Interview type</i>	<i>no.</i>
women clients	individual	2
business woman	individual	1
co-ordinator of a women's organisation	individual	1
local women	group	4
local men	group	3
market women	group	±20

*Table 3: Members of the broader community*

At times accessing participants from this group was particularly challenging. The rural community has one very small town centre which serves all ten constituencies in the sub-region and houses the only hospital and police station. Many houses in the community are traditional mud huts which do not have basic facilities such as electricity or telephones. The only access to the constituencies, many of which lie deep in the rural areas, is via poor dust roads. The lack of telephones made it difficult to set up appointments beforehand. This coupled with transport frustrations due to the condition of the roads, long travel distances and limited transport within the organisation made reaching some residents difficult. An attempt to reach a client who had agreed (by post)

to participate in the study highlights this. After several hours of travel to get to the school where she works as a teacher, we discovered that teachers were not working because it was pay day. The school had no telephone.

#### **3.3.4. Methods of information gathering**

The research assistant and I spent eight days gathering information, using several qualitative methods:

##### **3.3.4.1. Participant observation**

According to Mason (1996), participant observation involves the researcher becoming *"immersed in the setting and systematically observing dimensions of that setting, interactions, relationships, actions, events and so on, within it"* (p. 60). This method enabled me to focus on the depth and complexity in constructing explanations from my observations. It also allowed me to be actively engaged in and to reflect upon my own role in the research process, thereby yielding further material.

##### **3.3.4.2. Open-ended interviews**

As researchers we cannot observe everything. Stake (1995) proposes that what we do not observe ourselves, is observed by others. He suggests that interviews are a way of accessing the observations of others. Referring to their informal style and thematic approach, Burgess (1984) describes open-ended interviews as *"conversations with a purpose"* (p. 102). Through these *"conversations"* I attempted to access participants' perceptions, understandings, assumptions and experiences. Moreover, their semi-structured nature enabled me to be flexible and sensitive to cues from interviewees about what to ask, whilst simultaneously allowing for participants' spontaneous contributions (Mason, 1996).

Due to the sensitive nature of the material, individual interviews were particularly important in creating a safe and confidential space for participants. However, in some cases, small groups of participants were interviewed together. This occurred either because participants preferred this, it was practically more feasible, or because groups spontaneously formed as other people joined individual interviews already in progress. Although group interviews may have compromised confidentiality in some cases, they were also helpful at times in that group sharing led to a deepening of the discussion.

Twenty one individual interviews and seven group interviews were held. Questionnaires were used flexibly as a *guideline* or reminder of themes to be covered, and were not strictly adhered to (a copy of the questionnaire can be found in Appendix I). The same questionnaire was used in both individual and group interviews. Questions were asked around the following themes:

- Women abuse in the community
- The role and functioning of the organisation in the community
- Strategies for healing from abuse available in the community

While interviews with organisation members occurred at the urban centre, interviews in the community, took place in naturalistic settings such as in the marketplace, under a tree, at the hospital and at a public meeting. These interviews tended to range between ten and thirty minutes. Many were conducted in Siswati and translated by the research assistant. Working in this ad hoc way in these settings, was helpful in that it resonated with daily life and perhaps put interviewees at ease. However many settings were not conducive to audio-taping, and detailed notes were taken instead.

#### 3.3.4.3. Review of documentation

A review of organisational documentation was a further method used to gather information. Documents such as reports, client records, evaluations and a project summary were surveyed. Although Denzin and Lincoln (1998) acknowledge that this

method challenges the interactionist view, as information is derived from informants who are not present, they argue that it introduces an “*other*” against which the analyst’s own experience of the situation can be evaluated and extended. They note that, “*Although the evidence cannot ‘speak back’ it can confront the researcher and force self reappraisal*” (p. 121).

### 3.5. ANALYSIS OF MATERIAL

The method of analysis used in the initial evaluation study comprised an organisational development model which analyses five levels of complexity in organisations. These are vision, strategies, leadership, systems and resources (Scheirer, 1981). Although this provided information about perceptions regarding these aspects of the organisation, its structured nature perhaps inhibited deeper contextual understandings from surfacing.

In contrast to the organisationally based analysis, the present study sought a method of analysis that would encourage different layers of information to emerge. I decided to use a thematic analysis framework to do this. Garner (1991) proposes that a theme is “*a statement of meaning that (a) runs through all or most of the pertinent data, or (b) one in the minority that carries heavy emotional or factual impact*” (p. 150). A thematic analysis picks up on common threads spanning across different kinds of information. With these points in mind, themes emanating from the information were identified and used as a guiding principle to the key issues and relevant concerns.

According to Stake (1995), triangulation is often used by researchers to validate the research. Interpretations are substantiated through deriving information from three different sources. Denzin and Lincoln (1998) challenge the use of the term triangulation - “*as it assumes a true object that can be better known from three sides*” (p. 358). They prefer the term “*crystallisation*” which elicits an image of many dimensions. This suggests that the many aspects of the subject of study come together in a particular way to construct something. In the thematic analysis the different kinds of information were



*“crystallised”* to construct meaningful explanations and understandings about running a counselling service in a rural context.

### **3.6. REFLEXIVITY**

This section is aimed at providing an opportunity to reflect on the research, that is, to think about how and where the methodology, the subjectivity of the researcher and any other influential factors may impact on the research.

The fact that the methodology was not developed for the present research is likely to have constrained the study. Identifying participants and framing questions around the present aims may have elicited a richer, more focused information base. In addition, more time to immerse myself in the community and culture may have enabled me to gain a deeper understanding of the issues. Nevertheless, use of the same methodology for a different study may also inadvertently prove interesting in demonstrating how the same information can elicit qualitatively different findings when analysed from a different perspective.

A limitation of the research is that only two clients were interviewed. Because users of a service provide crucial insight into how the service is experienced by its target group, this was a particular constraint. Reasons for this were the existence of only a small pool of clients to draw from and the difficulties contacting and accessing clients in the rural area.

The fact that several interviews were not audio-taped and hand-written notes were relied upon was a practical drawback. In some cases participants' exact words were not recorded and the taking of notes may have detracted from the rapport during interviews.

Although there is a possibility that the researcher's needs, wishes and feelings may distort reality, Denzin and Lincoln (1998) argue that the researcher's subjectivity can also enhance the research findings. They claim that research is *“unapologetically imbued with*

*the individual perspectives and frames of the inquirer*” and is “*unabashedly subjective*” (p. 390). It therefore follows, that my subjectivity will have impacted upon the research. The fact that I am a white urban-based South African female researching in a traditional, rural community in Swaziland probably influenced the research in both advantageous and disadvantageous ways. Being an outsider may have afforded me the privilege of a ‘fresh’ perspective, where I could perhaps perceive some things more clearly than insiders who are more subjectively involved. However, being a foreigner with limited insight into contextual and cultural issues, which were central to this study, may have detracted from my ability to understand the participants. In addition, my being an outsider may have detracted from participants’ willingness to trust me.

The fact that I am female may too have influenced the study. Whilst it may have encouraged women to speak more openly, it may have discouraged male participants from sharing. Furthermore, my own feminist perspective and previous experience of working in a similar organisation may have influenced the processes of gathering and analysing the information. While my prior knowledge about violence against women in the western context may have informed the study, it may also have detracted from it.

Language issues also impacted on the research process. The fact that I do not speak Siswati was a barrier in some interviews. Although I was able to understand participants via the interpreter, Swartz (1998) notes that interpretation in itself creates a process of construction of meaning, which can further complicate the communication. According to Swartz (1998), language, seen from a hermeneutic perspective, plays a role both in describing *things* but also in the construction of *meaning*. Therefore I attempted as far as possible to understand the context in which things were said and to clarify what was meant when certain words, such as ‘abuse’ were used. This was at times difficult because my own construction of the concept of abuse may have further obstructed my ability to conceive of meanings very different to my own.

The above reflections on the study are what I am aware of now, and it is likely that still others will emerge. However, they serve to illuminate some of the difficulties in conducting research both in a foreign community and in a rural context.

### 3.7. ETHICAL ISSUES

Several ethical dilemmas had to be negotiated in the decision to undertake this study and during the research process itself.

One ethical concern I faced was the potentially negative impact that doing the research would have on the organisation, community or individuals who were discussed, for example, women being castigated for speaking out about abuse. For this reason, I have kept all identities confidential. I have negotiated with the organisation and received their consent to do this further study. I will also send the organisation a copy of the report.

The controversial nature of the topic of 'culture' was a consideration which made it difficult to undertake this research at all. I was afraid that in writing about a different culture to my own I would be assuming to 'know' that which I do not and I felt intimidated by the "*who has the right to talk about who*" debate (McKay, 1994). However, in view of Sieber and Stanley's (1988) comment that, "*shying away from controversial topics, simply because they are controversial, is also an avoidance of responsibility*" (p. 55), and because I felt strongly about the need to understand the complex relationship between violence against women and culture in this context, I decided to do the study. In accordance with my fears I have undertaken this task cautiously and have been aware of the need for sensitivity, ongoing self-reflection and a cognisance of my limitations as a researcher working in a different cultural context to my own.

## CHAPTER FOUR: CASE STUDY

### 4.1. ANALYSIS AND DISCUSSION

Subsequent to the original evaluation, the data was reviewed for the purposes of the present study. A deeper analysis revealed several themes which suggest that the issues at hand are more complex than was evident in the initial evaluation. Four of the most central themes which emerged from the analysis will be explored in this section. These have been categorised as follows:

- Being a woman in Swaziland
- Women abuse and silence
- Perceptions of abuse
- Methods of healing

#### 4.1.1. Being a woman in Swaziland

In many of the interviews explicit reference was made to the experience of being a woman in Swaziland. The perception that women's status in Swaziland is far inferior to that of men was expressed across all three participant groups. The prominence of this theme, often introduced by phrases such as "*in our culture...*" or "*in Swaziland...*", implied an underlying assumption of an association between the inferior status of woman and women abuse. A further assumption that seemed to be conveyed, although not overtly stated, was that being a woman in Swaziland is different from being a woman in other places.

##### 4.1.1.1. The status of women

The magistrate provided an interesting overview of his perception of the origins of the inequality between the genders in Swaziland when he said:

*There is a historical trend where fathers used to give girls away at age fourteen when their breasts were full. They were seen as a means of wealth rather than as human beings and this has filtered into our current values. On occasion it still occurs that if a man wants a girl to be his wife and the father refuses, his brothers will kidnap the girl, the man will rape her and send a message to the father that he will come and pay lobola for her at such and such a time.*

The above statement suggests that women were viewed firstly as a commodity and secondly as the property of a man. It further indicates how abuses such as rape were used to entrench the patriarchal practice of ownership of women. Watts, Osman and Win (1995) suggest that a correlation exists between the level of patriarchy evident in a community and the extent of socially tolerated violence. For example, where the patriarchal practice of paying lobola is prevalent, women are afforded minor status which then makes it difficult to escape an abusive marriage situation. Dlamini et al. (1994) suggest that traditional patriarchal practices are still rife in Swaziland and that the link between patriarchy and abuse is still evident.

Organisation members and authority bearing members repeatedly pointed out that women in rural areas are worse off than those in urban areas in terms of the extent of inequality and the dearth of opportunities open to them. In the following quote a counsellor proposes that this is because traditional patriarchal practices are more prevalent in rural areas:

*Cultural influence is still strong in the rural areas but it is wearing down in the urban areas. Arranged marriages still happen in the rural areas and people don't want to change their ways, women are too dependent - they need to become economically self-sufficient.*

The counsellor clearly perceives the strong cultural influence in the rural areas as detrimental to women's independence. The significant traditional influence still evident in the rural community under discussion is alluded to by a client when she explains:

*In our culture as a woman you must stay in your marriage whether it is abusive or not, you don't leave. The traditional belief of lobola, where a man pays for his wife means that the woman is the man's property. The men are the adults and the women are like children. When the husband dies the wife gets the same share of the inheritance as the children. A single woman cannot own land, it makes it very hard to get out of an abusive situation, she depends on the man for a place to live. When the men just leave the women are generally the happiest - when the men choose to leave it is the best.*

In addition to perhaps reflecting something of her own experience which took her into counselling, this quote also highlights a broad and intricate web of dependence and inequality in which many Swazi women appear to be caught. As also previously mentioned, once they marry they appear to waive their adult rights and become the property and responsibility of their husbands (Dlamini, 1999). The quote illustrates the conundrum faced by abused women who cannot leave an abusive marriage due to their economic and social dependence on men.

Several participants alluded to the complicated relationship between civil and customary law, which is mentioned by Dlamini et al. (1994) in the literature. Participants explained that although women residents have access to civil law, the powerful social enforcement of customary law often makes it difficult for women to actually have access. A local coordinator of a women's organisation provided an example of this:

*According to customary norms it is normal for wives to be battered and therefore she cannot report abuse - she has no legal rights. Women are told they do have rights but they actually don't because of the customs.*

Interestingly, the magistrate pointed out that women who do make use of the civil justice system are often also disadvantaged by inequities within the law. His comments follow:

*The courts have a dilemma. By law if a woman leaves her husband, the man automatically has custody. If the woman leaves and the man contests for custody the courts have to give it to him - but women are generally the better parent and the interest of the child is paramount. By law the woman has committed malicious desertion whereas if a man leaves he can still fight for custody.*

In addition to women's inferior status being reinforced by both legal systems, it is also reportedly reinforced by everyday customary practices. In a group interview, three local women illustrated this in their discussion about the custom whereby the wife has to move in with her new husband's family. They suggested that this further reinforces women's vulnerability and powerlessness particularly when they do not get on with the new family. Returning home firstly, is not socially condoned, and secondly, often not possible due to the financial constraints of the family of origin. As a result, women are distanced from their familiar and dependable sources of support. Social isolation is reported to play a role in perpetuating domestic violence and preventing women from leaving abusive situations (Koss, 1990).

#### 4.1.1.2. Changing the status of women

Despite the many references to women's inferior status in Swaziland, both by participants and in the literature (Dlamini et al., 1994), some of the women interviewed were unperturbed by this. For example, a group of local women, a local teacher and some market women expressed satisfaction with the status quo, which they described as "*the Swazi way*". In some interviews, the lack of mention of difficulties or inequalities pertaining to being a woman further suggested an acceptance of the circumstances of women.

In contrast to those women who accepted the inequitable position of women, participants ranging across all three groups expressed a need for change in relation to the status of women. However, several interviewees alluded to the difficulties of bringing about change in the community and in Swaziland in general. The local matron remarked that men's resistance to change is an obstacle which would need to be overcome. This was echoed by an organisation staff member who stated:

*In the rural areas, men perceive support for women as empowerment, they do not want this for their women.*

Similarly, another staff member perceived men as disinclined to fight for the empowerment of women. She proposed that the onus is on women to initiate change:

*Women must learn to say no, this must start when they get married, we must teach the women they have rights, and about what is abuse. We must educate women to speak out, this will help them, without education I foresee no change in the problem of under-utilisation of the service.*

The sentiment that men would resist change reverberated through the interviews and was perhaps tangibly demonstrated by three men in the market, who warned us against interfering. Yet, this did not seem to be true for all men. Some men in the community such as police officers, expressed motivation to eliminate abuse against women and the magistrate highlighted the need for broader gender related social change.

A local woman stated that she refused to allow men to prevent women from improving themselves. When asked if she would join a support group for women if there were to be one she said:

*I would like to join a women's support group but our men will not like it they will fear the women are rebelling. We would go anyway, the men must just cope.*



The tone of resistance in her comments and her willingness to join a women's group, despite the possibility of retaliation, surprised me because of the contrast to the opposite picture of women having few opportunities to stand up for themselves. As the research progressed I became aware of the contradiction between the picture of women as oppressed and abused and the aura of strength, resilience and humour, which exuded from so many of the women.

I asked a staff member of the organisation about the seeming paradox in these women's lives. She recognised the contradiction I spoke of and offered a number of possible explanations. She theorised that although women suffer due to the obvious inequalities, they have few options and choices around their predicament. In addition, in line with a local ethic of not complaining, she felt that most women accept their situations and "*make the most of it*". Furthermore, she presumed that the fact that many men work in South Africa and return only on weekends brings relief to women who are abused by their husbands. Moreover, within women's groups such as church groups and farm-groups, women do have opportunities to express their capabilities and experience more equal and even leadership positions.

The staff member also speculated however, that the strong and cheerful demeanour that I had witnessed sometimes hides a deeper underlying pain, which women tend not to talk about. Helman's (1994) line of thinking that ritual and custom play protective and containing roles in dealing with the misfortunes and stressors of daily living, provides interesting further insight. This idea suggests that the many clear, comprehensive and gendered customs and rituals evident in the community are perhaps experienced by women not only as limiting, but also as safe and reassuring in their predictability, consistency and guidance in daily life.

Reflecting on the status of women in Swaziland, and especially those in rural areas, suggests that women experience discrimination on many levels. Their minority status affords them little opportunity to enjoy the benefits of customary practice or legal rights

and mitigates against them leaving abusive marriages. Although some women in the community appear content with the status quo, others expressed a need for and a willingness to fight for change. This bodes well in terms of Fischbach and Herbert's (1997) contention that the struggle against violence against women needs to begin by raising the status of women. Understanding some aspects of the experience of being a woman in Swaziland, and more specifically in a rural community, provides an important backdrop for the following three themes which emerged from the analysis.

#### **4.1.2. Women abuse and silence**

Although in general participants were eager to tell us about the inequitable status of women and the incumbent difficulties, they were less enthusiastic to share information about women abuse in the community. This theme constitutes an attempt to better understand what appeared to be a pervasive silence surrounding this topic. The story of our visit to the local market is perhaps a good place to begin.

The research assistant and I entered the indoor food market and were met by a group of about twenty market women selling produce of fruit, vegetables and other foodstuffs. We were immediately approached by competing persuasive voices imploring us to buy something. We bought sandwiches, introduced ourselves and began talking to the three women closest to us. They were happy to talk with us until the conversation veered towards the topic of women abuse. One woman lost interest in the conversation and walked off and the other two became restless and uneasy. The discussion ended shortly and we approached another market woman. She too became distracted and said she did not know about abuse. Eventually, one of the women we approached asked us to wait while she consulted with the market supervisor. The supervisor, also a woman, granted the market women permission to talk with us. She welcomed us publicly and insisted that the women do not interrupt while we speak. However, engagement in meaningful and personal discussion about abuse was not possible in this big group forum. We asked questions such as "How do you understand the term women abuse?" and "Is women

abuse a problem in your community?”. Only a few market women responded to our questions and then only with brief comments. Rather than participating in discussion as we had expected, most women listened silently to our futile questions. At some point, three young men walked past us and said softly but audibly in English, “*its none of your business, stop interfering,*” and then left.

Although little information was elicited from the spoken word, much was gleaned from the not spoken. The anxiety evoked when the topic was mentioned, the need for the discussion to be supervised, the silent responses to many of our questions and the warning words of the three young men suggested that talking openly and publicly about the issue of abuse is not acceptable practice in the community. This was confirmed by two women who surreptitiously approached us as we left the market to tell us that abuse is indeed prevalent in the community but that it is not allowed to be spoken about. Both women acknowledged knowing other women who were being battered by their husbands. Despite their willingness to ‘let us in’, they too were reluctant to elaborate further. However, they did ask us questions about how the counselling service works.

In a meeting with three women schoolteachers we experienced a similar reluctance. They refused to be tape-recorded and claimed not to know much about women abuse in the community. Although they spoke easily about child abuse and volunteered to help the organisation to educate the community about abuse, discussion around women abuse was stilted and uncomfortable. The interview therefore was short and again, only minimally rewarded our attempts to engage in discussion about the elusive issue.

It seemed that we were repeatedly trying to enter what was beginning to feel like forbidden territory. However, some participants’ explanations about the reasons for the resistance to talking about abuse assisted us to understand the silent barrier we were encountering. It was explained that it is taboo to talk about family and personal matters outside of the family. A local pastor commented:

*Abuse is a big problem in this community, it is on the rise. Most problems are economic abuse. Sexual abuse is not allowed to be spoken about but it does happen. The message of keeping things in the family is strong, women are not allowed to talk of these things not even to the pastor.*

Paradoxically, the silence was one thing that many interviewees did feel free to speak about. The Siswati and English versions of the idiom 'don't hang your dirty linen in public', were vocalised across interviews in relation to violence against women in the community. One woman expressed it as follows:

*According to our custom a woman does not say out bad things about her husband, it is the husband's right to beat a wife, you are not supposed to embarrass a relative. You are told 'Tibi tendlu leto' - don't hang your dirty linen in public. By staying quiet you are serving the marriage. If you speak out others will laugh at you.*

A counsellor shared this understanding of the silence around abuse in the community and provided a further sense of the extent of possible retribution for breaking the taboo:

*Their husbands will kill them if they speak, they have to stick to old marriage vows, stick with the marriage even if it is abusive, what happens in marriage is private, others must not interfere. Women are afraid their marriages will be destroyed if they speak.*

In another quote a local business woman expressed similar thoughts about the silence. She indicated that the silence around abuse is not limited to domestic violence, but also extends into the domain of rape:

*The woman pretends that nothing has happened, even if she falls pregnant as a result of the rape, she will remain silent about it and will pretend the child is her husband's.*

Although those in authority positions in the community talked more comfortably about abuse on one level, and contributed much information, they also maintained a level of silence about it, albeit less obviously. Most members of this group seemed to have thought about this topic before, and could talk theoretically about the issue. They could also share information about abuse survivors they had come across at work. However, they too seemed to avoid providing information about domestic violence in general and also about stories pertaining to people whom they know outside of the work setting.

The above quotes assisted us to understand survivors' silence as a response to fear - the fear of being punished or ostracised for speaking of personal or family matters outside of the family. The threat of further abuse and of losing a marriage which provides the only source of economic and social sustenance, is surely a formidable deterrent against breaking the silence.

Counsellors contributed a further understanding about why survivors in the community tend to keep their abuse to themselves. They explained that it is common for women to blame themselves for their abuse and are therefore silenced by their own feelings of guilt and shame. This is corroborated by Angless & Shefer (1995) who note the tendency of women not to speak out about their abuse and seek help due to feeling ashamed and certain that they will not be believed. The counsellors further shared several stories about clients who had experienced unsympathetic responses when they had chosen to talk about their abuse. A local woman said:

*Mostly the people blame the woman, they ask what was she doing - she must have done something for the man to attack her. They treat her as if she asked to be raped, as if she wanted it. They blame her for what she is wearing and sometimes they blame her of her attitude like saying, she is a whore or a prostitute, it would not happen to her otherwise.*

Counsellors suggested that despite the often uttered refrain “*keep it in the family*”, in reality, taking it to family members often fails to elicit empathic responses and therefore, can inhibit rather than facilitate recovery.

Although these explanations provided insight into why women abuse is not easily or openly spoken about, they did not explain why it is so important for the community as a whole to keep silent about it. Deeper exploration yielded some possible insights about this. Comments by several interviewees suggested that the silence in the community provides a form of protection against outside influence, criticism and interference. Thinking about the following comments made by a local chief perhaps highlights this idea:

*I have not heard of abuse in my constituency. Relationships between men and women are perfect, but still the organisation must come and educate us about abuse and maybe then stories of abuse would come out. Life is still peaceful and harmonious in the rural areas - not like in the cities.*

This simultaneous acknowledgement of the need for education about abuse and denial of the existence of abuse perhaps reflects the chief’s ambivalence about breaking the silence around it. Considering possible consequences of him openly naming and acknowledging the abuse in his constituency perhaps sheds some understanding light on his reluctance. If he were to do so, this may reflect poorly on his success as a leader and may also have repercussions in terms of the reputation of his community. If the chief begins to talk about the abuse, he may fear that he and customary practice in general may be held liable for the abuse of women in the community and consequently may be expected to change in line with western notions of abuse. If so, this is likely to have implications for the traditional Swazi way of life. Therefore in remaining silent, or ambivalent, the chief may be both avoiding his own anxiety and protecting his constituency and tradition from perceived threatening consequences.

Other participants voiced this fear of outsider influence more directly. Some attributed evils such as crime, poverty, alcoholism and the breakdown of the extended family to harmful western influence. And others such as the client in the following quote, expressed the existence of a fear that outsiders will bring negative influences:

*The men scoff at my counselling sessions - they accuse me of being influenced by outside people. It is against our culture to tell strangers about your misfortunes, especially that are happening behind closed doors.*

Here, an association between 'outsiders' and the organisation is highlighted. This suggests that some members of the community, and particularly men, are afraid of the organisation's response to hearing about the abuse in the community. Although positive and welcoming sentiments were also expressed by interviewees towards the organisation and several women claimed that they would use the organisation if they were abused, a counsellor pointed out that many survivors are also afraid of the organisation, albeit for different reasons to the men:

*Locals are scared of the organisation, they are not sure what they have to talk about - they want to know what will happen to the information, what will we do to the perpetrator and will we make them report - it's hard for them to trust confidentiality.*

This alleged mistrust of the organisation may explain something about why the organisation is little utilised, and moreover why it was difficult for survivors to talk with us during the research process. In the next quote another local woman also made reference to resistance to the organisation and provides her explanation of the rationale for this:

*Men are against the organisation, they think you have come to spoil their wives, to tell them they have rights, to expose them to the English way. The men are afraid of outsiders coming in and bringing empowerment to the women.*

This comment provides further insight into the fear of outside influence. It suggests that men fear that women will learn about the possibilities of empowerment from outsiders and will begin to challenge the status quo in the community.

The social pressure in the community to remain silent about abuse may thus be understood in two different ways. On the one hand it may be perceived as part of a patriarchal endeavour to entrench the subjugation of women. This view would suggest that the fear and resistance should be challenged and efforts made to break the silence around abuse. On the other hand, however, the silence may point to a different kind of fear, a fear that outsiders will contest the community's norms and threaten the sanctity of its traditions. This view may imply a need for the apparent fear in the community to be heard and addressed before attempting to break the silence. As is pointed out by Fischbach and Herbert (1997), before attempting to change or eliminate a behaviour it is imperative to understand its role within its particular cultural environment.

Interestingly, the organisation too has maintained a silence in the community. Almost eighty percent of the community members interviewed - including the head magistrate for the region and the doctor who works at the hospital where the counselling service is located, did not know that the organisation was offering a service in their own community. In the initial evaluation study I asked why the organisation had maintained such a low profile in the community and concluded that insufficient advertising had been done. In the present study, instead of asking what the organisation had *failed* to do, as I had before, I contemplated what it was they *were* actually doing, by not raising awareness about their existence. Posing the question in this way elicited the hypothesis that the organisation is appropriately responding to the silence around abuse. Somehow, the organisation has perhaps subconsciously understood that community members are afraid that acknowledging the abuse will result in the death of traditional community life as it is presently experienced. Perhaps the organisation's silence mirrors the silence in the community in the hope of building a mutually trusting relationship within which meaningful work can be embarked upon. Rather than complacency, their tentative entry



into the community perhaps talks of an underlying understanding of the complexity of dealing with the issue of women abuse in this community. This would not be surprising given that most organisation members still have family ties with the rural areas.

This theme suggests that the abuse of women in this community is shrouded in silence and secrecy. However, as has been well documented in the literature, silence around the issue of women abuse is not unique to this community (Dobash & Dobash, 1992). The pervasiveness of the silence in this particular community is perhaps best explained by Heise et al's (1994) and others' suggestion that the silence often appears to be more extensive in the developing world. In this research the silence may also have been exacerbated by the facts of my South African, English-speaking, white middle-class heritage. My being female may further, for some - perhaps men in particular, have tampered with the creation of a trusting environment for participants to share their observations and thoughts about this sensitive topic.

In this discussion, I have speculated about possible reasons underlying the silence about abuse in the community. Ample reasons such as guilt, blame and social ostracism were provided by interviewees to explain abuse survivors' reticence to break the silence. Significantly, however, this theme has also suggested that a more generalised fear for the survival of the community's cultural heritage lies at the heart of the seemingly powerful need to remain silent about this issue. Furthermore, there seems to be a fear that a change in the status quo currently existing between men and women in the community will usher in the downfall of traditional community life.

#### **4.1.3. Perceptions of women abuse**

As a result of the silence we encountered around abuse it was sometimes difficult to access participants' perceptions. However, the silence appeared to be more related to talking openly about actual abuse occurring within the community, than about contemplating the issue on a theoretical level. During the interviews it became evident

that the concept of women abuse was being understood in many different ways by different participants. Therefore, an investigation into the different conceptualisations or perceptions of abuse seemed imperative if we were to gain a better understanding about the issue of abuse in the context of this community.

The silence around abuse was further compounded by the fact that some participants did not recognise the term 'women abuse'. As a result of the absence of a corresponding Siswati<sup>1</sup> term, on occasion we provided examples such as 'rape' or 'beating of women' in order to explain. However, in doing so we may inadvertently have pre-empted participants' spontaneous comments with our own notions of abuse.

Two central perspectives about abuse, similar to those highlighted in the literature, emerged. The first perspective which was a human rights perspective, suggested that violence against women is a universal phenomenon and the second perspective, a cultural perspective, asserted that what constitutes violence against women varies in different cultures. Despite leanings towards these two polarities, further analysis revealed that participants' perceptions about women abuse did in some ways correspond to these divisions, but also were more complex than simply categorising them into one of these two perspectives.

#### 4.1.3.1. The Human rights (or feminist) perspective

Those who held a human rights perspective defined women abuse according to an international definition such as the United Nations definition quoted in an earlier section (see 2.4.2.1). This definition was seen to apply across all cultural contexts irrespective of traditional norms and practices. This view which is similar to that explored in some depth in a paper by Fischbach and Herbert (1997), appeared to be held by all members of the *organisation* interviewed. Counsellors and staff members all spoke about abuse from

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<sup>1</sup> In retrospect, identifying a corresponding local word prior to embarking on the research - as was done in a Nigerian study (Seeley et al., 1991), may have alleviated this difficulty.

a feminist perspective which falls within the human rights framework. Their definition, as noted in the organisation's annual report<sup>1</sup> is as follows:

*Abuse is any pattern of behaviour that controls another person, causes physical harm or fear, makes someone do things they do not want to do or prevents them from doing things they do want to do. Abuse can be sexual, physical, emotional or financial.*

This definition is similar to that of many rape crisis centres world wide and also reflects my own understanding of abuse, which I carried into the research process with me.

The *authority bearing* members interviewed also subscribed to a human rights perspective. For example, the local doctor, an assistant chief and three nurses gave similar descriptions of abuse suggesting that it is the physical or sexual violation of women by men. Similarly, a local police officer's contention that abuse is "*either domestic violence, sexual abuse, incest or rape*" and a local pastor's definition of abuse as "*sexual and economic ill-treatment*" also resonate with this view.

#### 4.1.3.2. The cultural perspective

Those subscribing to the cultural perspective of women abuse suggested that the definition of women abuse depends upon the cultural norms and practices sanctioned in a given context. Therefore the definition varies from culture to culture and behaviours considered abusive in one context, may be perceived as acceptable cultural practice in another. This concurs with Counts' (1990) assertion that violence against women only exists within particular cultural understandings.

Many members of the *broader local community* appeared to subscribe to the cultural perspective. For example, a local woman talked about the important role that physical violence plays in daily community life:

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<sup>1</sup> The annual report will not be referenced due to confidentiality.

*According to our custom it is a man's duty to beat his wife to keep her in her place. Men who don't discipline their wives are weak husbands. My husband lets me know if I do not do my duties properly and then I can do better next time.*

The quote, which was echoed by other community members, suggests that domestic violence is perceived to be normal, acceptable and even expected customary practice in the community. Dlamini (1999) states that this perception is also evident in the broader Swaziland context when she contends that the pervasive use of violence in the home has become a way of life in Swaziland. She explains that wives are seen to be on a par with the first born child and are chastised accordingly.

A perception that this view is more entrenched in the rural areas was expressed by counsellors and authority bearing members in the community. For example, counsellors contended that their rural clients do not realise that domestic violence is abuse, because it originates in age old cultural norms. A counsellor stated:

*Rural wives allow their husbands to beat them. They take on guilt feelings, they say to themselves they deserve to be beaten because they did so and so, or whatever. To rural women it is normal to be beaten - why not, it happened to their mothers, their mothers endured it, therefore the women themselves should also be able to take it.*

This quote also suggests that the cultural view is not specific to this particular community but is common to *all* rural communities in Swaziland. While the views of urban-based people are not clearly stated, the quote does suggest that there are differences in perceptions of abuse held by rural and urban inhabitants.

#### 4.1.3.3. The complex nature of perceptions

Initially it appeared that perceptions about abuse divided participants neatly into two camps i.e. the human rights camp and the cultural perspective camp. It appeared that

organisation members and authority bearers in the community belonged to the former camp and members of the broader community to the latter. However, attempting to neatly categorise perceptions in this way perhaps represents an over simplification of the perceptions evident in the community.

The complexity in the different perceptions first became evident in relation to the authority bearing members of the community. Although all authority bearers claimed to hold a human rights perspective, deeper exploration into some of their narratives, such as in the case of the magistrate, revealed discrepancies in this view. This is highlighted in the following excerpt from a lengthy interview with the magistrate:

*I have only given the maximum sentence for rape of 15 years in the case of children. With women above age fourteen you have to be careful, they often lay charges that are not true. Women over fourteen are adults, they know about sexual matters and play a role in these things - but with children they do not know about such things.*

The magistrate's comments about women knowing about sexual matters, imply an underlying assumption that rape survivors are somehow culpable for being raped. Feminists argue that the idea of women "asking for it" is a myth which is used to perpetuate violence against women (Rape Crisis, 1994). This suggests that although the magistrate is aware of human rights principles regarding violence against women, he appears to lack a deeper understanding of this perspective. Other authority bearing members such as the police, unwittingly revealed similar non-feminist perceptions.

In addition, because of current pressure to be seen to conform to human rights standards, it is possible that authority bearing members wanted to impress upon us the acceptability of their views. This may have inhibited their talking with us about any 'dissident' opinions which may have existed. Similarly, organisation members cited the organisation's definition as an explanation of their perception of abuse. This may indicate pressure to adopt a position associated with a widely held feminist morality and may too have prevented participants from expressing differing personal perceptions.

Deeper exploration into the perceptions of members of the broader community also revealed the possibility of some diversity in their perceptions about abuse. Although many residents did indeed hold the cultural perspective, there were some members of this group, albeit not many, who clearly did not subscribe to this perspective. For example, some residents such as a local business woman expressed indignation at the social tolerance of domestic violence in the community. She explained that, *“wife battering is a problematic aspect of life that is accepted because many locals are not educated and do not understand about abuse”*. In addition, two market women insinuated that domestic violence is unacceptable when they commented that women *have to* accept their husbands’ beatings because they cannot leave. Furthermore, the implication that if women could leave abusive marriages they would, suggests that not all women in the community believe that beatings are an acceptable part of married life.

The fact that several members of the broader community held conflicting perceptions *within themselves* about abuse further complicated the ability to categorise their perceptions. For example, some members such as a small group of local women subscribed to the cultural perspective in terms of domestic violence, but certainly held a human rights perspective about rape and abuse which occurs outside of the marriage. In addition, other participants’ labelling of certain actions as abuse, suggested that they did in fact perceive abuse from a human rights viewpoint. Several examples follow to illustrate this.

A client from the community identified *“widow abuse”* as a *“torturous”* form of abuse that takes place in the community. Her story about a recently widowed friend follows:

*After her husband’s death, the husband’s family members took her from her home and tortured her - her hair was cut with knives, she was badly beaten and was then wrapped in a hot blanket which she could not take off until the funeral. Sometimes the widows have to marry or have sex with one of the husband’s brothers.*

The client expressed concern about the fact that women themselves play a role in perpetuating widow abuse by allowing it to continue. It is unclear to what extent these procedures are generally perpetrated against widows and are recognised by residents as abuse. However, the fact that it was only mentioned once, indicates that either it is accepted as normal customary practice or it is something extraordinary. It is also unclear whether the client herself would have perceived this as abuse prior to undergoing her own counselling process.

Another common form of abuse mentioned by a number of participants was the beating of mothers by adult children. A client told her own story about being abused by her son:

*I fled my home for my life because my son tried to kill me. His wife told him lies about me and he could not stand the fighting between his me and his wife. I now live with my daughter in the city, I cannot go back to my community.*

Other examples of abuse included boyfriends beating and “chasing away” pregnant women and men picking up young schoolgirls from school and paying them for sex.

These examples of abuse provided by broader community members suggest that their conceptualisations about abuse are not that dissimilar to the human rights or feminist definition of abuse. However, what is most clear is that individuals hold differing perceptions within themselves and to others. Therefore attempting to polarise the perceptions according to a simple cultural versus human rights construct, fails to take into account the multiplicity of understandings evident in this context.

#### 4.1.3.4. The issue of terminology

Obviously discussions about ‘women abuse’ include a narrative about ‘women’. In the same way that the construct of ‘women abuse’ held little meaning for some participants, it may be that the construct of ‘women’ holds little significance in this community. Women are perhaps more meaningfully spoken about as ‘mothers’ or as ‘wives’. If this is the

case, our asking about 'wife abuse' or 'mother abuse', rather than 'women abuse', may have been more appropriate and thus have elicited different information. Therefore, further investigation into the meanings encompassed by the construct of 'women' may contribute a still deeper understanding about women abuse in this context.

Exploration of this theme revealed two central understandings of abuse - i.e. the human rights view and the cultural perspective. These mirror the duality of perceptions alluded to in the literature (for example by Fischbach & Herbert, 1997 and Nhlapo, 1992). However, this theme has further highlighted that when the term 'women abuse' is used in this context, it could be describing a myriad of different things. This obviously has implications for a counselling centre that explicitly sets itself up to deal with the issue of women abuse.

#### **4.1.4. Methods of healing**

This theme explores participants' ideas about recovery or healing from the trauma of abuse. It highlights some of the avenues that are available to abuse survivors in the community and investigates some of the complications that appear to accompany making use of them.

##### **4.1.4.1. Healing 'within the family'**

The 'within the family' model of healing, refers to the practice where survivors are expected to report their abuse to family members who then assist them in dealing with it. This was mentioned by many participants as the accepted forum for dealing with abuse within the community. A local business-woman outlined how this works:

*The abused or raped woman must keep it in the family. She must first talk to her in-laws. If the in-laws do not help her, she can then go to her own family and ask them to help. If this doesn't work she can go to the chief's kraal - but then if the*



*perpetrator is a relative, people will say "what kind of person reports her own family members?"*

It was explained that although all kinds of abuse are dealt with in the family, it is particularly relevant in cases of domestic violence, which cannot be mentioned outside of the family. According to members of both organisation and community, domestic violence cases are dealt with through 'peace-binding', which I came to understand as a form of conflict resolution. The peace-binding is performed by the head of the family and operates through a process of negotiation and discipline. The abusive situation is resolved through negotiation with the perpetrator, and any sequelae resulting from the abuse are not overtly addressed with the survivor (Dlamini et al., 1994).

Community residents claimed that this technique is sometimes helpful in resolving abusive scenarios that a husband and wife cannot resolve alone. However a counsellor mentioned that this method only works when families are sympathetic towards the survivor. In fact a number of community members complained about the ineffectiveness of this method of dealing with abuse. A market woman suggested that husbands often lack respect for their elders and ignore decisions made during 'peace-binding'. She further noted that they often disregard disciplinary measures given to them. In cases where the perpetrator is the head of the family, it is reportedly particularly difficult for women to bring the abuse to the attention of the family. When they do they tend not to be taken seriously or believed. A counsellor further remarked that family members commonly respond to women's accusations of domestic violence with warnings to keep this to herself, lest it disrupt or embarrass the family. Hence, although survivors have recourse via the family to dealing with their abuse, it appears that many survivors choose not to use this method.

#### 4.1.4.2. Consultation with a sangoma

A local nurse named consultation with a sangoma as another method of healing utilised by some abuse survivors. The sangoma interviewed elucidated his understanding about

abuse and the methods of healing used by traditional healers. He claimed that abuse occurs as a result of “*jealousy of love*” which occurs when husbands takes other wives or girlfriends. The cure requires the survivor to drink a herbal medicine which is intended either to calm down the husband’s powers or to enhance his love of her. In addition, she is advised to thoroughly cleanse herself through techniques such as steaming and vomiting to ensure that evil spirits remain at bay.

The local nurse claimed to know of a few domestic violence survivors who had consulted with a sangoma. She pointed out that although some of them had been helped, accessing this form of healing had not been straightforward for those wanting to remain silent about their abuse. She explained:

*Women will go to the sangoma for domestic violence, but once there they will complain of having been bewitched because her husband is sleeping around. She asks the sangoma to undo the spell. They also go to the sangoma for STD’s. Women go to a sangoma at 4.00 am or in the night so she will not be seen.*

Although sangomas do offer assistance to abused women, it appears that survivors’ fears of others finding out about their visit and their reluctance in some cases to tell the sangoma the actual problem, seem to complicate their taking advantage of this treatment. Interestingly, the conceptualisations both of abuse and of healing in traditional terms were not talked about by other interviewees in the study. This may, of course be a consequence of participants’ perceptions of me as a ‘outsider’ who would not be sympathetic to or understand the traditional approach. However, it may also suggest that a western, medical approach to healing is more commonly sought out in cases of abuse or that many women do not seek assistance at all.

#### 4.1.4.3. The church

According to participants, the church serves as a further source of support for some survivors of abuse. The local nurse commented on this:

*They may also go to the church and ask for the holy water to cleanse them of evil or of the problem, but will not speak openly about the problem in the church.*

This suggests that although women can use the church as a recourse to healing, they have to do this privately. The silence which prohibits them from speaking to pastors, or anyone outside of the family ensures that their abuse remains private. This was corroborated by a local pastor who said that members of his congregation never confide in him about domestic or sexual violence.

#### 4.1.4.4. State services

Doctors were also mentioned as a resource where survivors attempt to elicit help in recovering from the effects of their abuse. However, members of the community only spoke about doctors in relation to cases of abuse where physical injury requiring medical attention had been sustained. In the light of this, it is noteworthy that the local doctor was one of the few interviewees in the community who expressed an awareness and concern about the psychological effects resulting from the trauma of abuse:

*Some women are very traumatised when they come in while for some it doesn't even bother them. The younger ones are often quite traumatised. I send them for counselling to your organisation.*

The doctor explained that when survivors are severely traumatised he attempts to counsel them himself but prefers to refer them to the urban branch of the organisation. He concurred with community members' comments that survivors only approach him if they require medical treatment and not to deal with psychological symptoms. Similarly, besides comments made by clients, community members did not mention psychological sequelae of abuse at all.

Many interviewees mentioned the process of reporting abuse to the police, as an aspect of dealing with abuse. The doctor noted being impressed with the way in which the police followed up on abuse cases and assisted survivors through the criminal justice system. Despite this and similar claims by organisation members of a good relationship with the police, community members were less complimentary about the services provided by them. Several residents mentioned that in general, survivors do not report their abuse to the police. A local teacher and a resident respectively speculated about the reason for this:

*Perpetrators are relatives of police and the police do nothing anyhow, so why report?*

*You cannot go to the police because they blame you for it as if you wanted it to happen.*

Residents further explained that survivors who do report often withdraw the case later due to pressure from family and other community members. Counsellors mentioned that clients only report their abuse to the police when they have family support or are assisted through the court process by a counsellor. The police station commander agreed that many survivors, particularly of domestic violence, do not report. He suggested that this is because they either fear ruining their relationship with the perpetrator, who is often known to them or they wish to avoid criticism and gossip from the broader community. He maintained that the high rate of femicide in the area is a consequence of women's reluctance to report domestic violence.

Within the community then, there are clearly a number of routes to healing that are available to survivors. Many of these however, seem to be difficult to make use of because of the culture of silence and because of an expectation of unsympathetic responses such as blame and gossip. Given the complexities and fears involved in using these methods of healing, as well as the seemingly minimal opportunities available for women in the community to receive assistance with regard to abuse, it appears that the

service offered by the organisation may represent a potentially valuable resource to the community.

#### 4.1.4.5. Individual counselling

Organisation members described their method of healing as the “*individual counselling*” or “*talking cure*” approach. All four counsellors suggested that survivors require a safe space in which to talk about their traumatic experiences. They perceived the process of sharing one’s story in an empathic atmosphere, where feelings and experiences are expressed and validated, as the gateway to recovery from abuse. The counsellors further postulated that the survivor’s empowerment, achieved through encouraging her to make and act upon her own decisions, is a crucial aspect of this process. This resembles the feminist approach to counselling spoken of in the literature and utilised by rape crisis centres world-wide (Herman, 1992).

According to counsellors and clients, this western-based feminist approach is working well at both urban and rural counselling sites. One counsellor commented on her view of the effectiveness of the counselling in both areas:

*The urban and the rural area are the same, people come with the same problems. I do the same, just empathise - put myself in their shoes, the model is just as good in rural areas. Clients seem happy with the service, we are helping them. Sometimes they come back to say things are going well.*

The two clients interviewed corroborated the counsellors’ claims by articulating appreciation and positive effects resulting from the counselling process. One client said that, “*suitcases of baggage were lifted from my shoulders*”. The other client elaborated on what she found helpful in this comment:

*I trusted my counsellor, I could say everything and the burden was removed. The counsellor said what I was thinking myself - she understood and she also helped my daughter. Where was the organisation in the seventies when I needed it ?*

However, counsellors also explained that open expression of feelings is considered taboo in rural communities. If women complain about abuse or express feelings of sadness, they are told, “go cry by the river”. The message herein is that they should go alone to the river and stay there until the river takes these feelings away. In a community where the public expression of sad feelings is discouraged, it is interesting to explore how a treatment which encourages catharsis of emotion in the presence of a counsellor is interpreted. The two clients interviewed claimed that although they had to “get used to it”, they did benefit from this aspect of the counselling. However, in view of Helman’s (1994) comments about the need for the treatment to be meaningful to the patient, it is plausible to expect that not all community members would be comfortable with this model and may therefore, choose not to become “acculturated” (Helman, 1994) into this form of healing.

Counsellors and authority bearers emphasised the importance of anonymity for clients, particularly in the rural areas, where confidentiality is essential if women are to break the silence about their abuse. A counsellor commented that the lack of private office space and the fact that clients must first approach a local nurse, compromise the organisation’s ability to ensure anonymity to its clients. She said:

*The only difference is that in the rural area everyone knows everyone so people are scared the nurses will tell. The locals will make fun of her, they do not keep it confidential. The organisation needs an office so clients can go direct - not via nurses.*

The importance of anonymity was reaffirmed in local women’s claims that if they were to attend counselling they would not tell anyone at all. Some said they would tell only their mothers and one or two thought they might tell a trusted friend. So, although the

organisation can provide what for some women would be the only empathic space to talk about their abuse, it appears that difficulties in maintaining the anonymity of clients may deter women from using this opportunity.

Although on the whole, feedback from counsellors and clients about the counselling model of healing was positive, the success of this method in assisting survivors in the community needs to be regarded with caution. The fact that the number of clients using the service is exceedingly low suggests that many survivors are not approaching the service for help. Survivors do not know about the service, keep away due to a lack of confidentiality or perhaps only a particular kind of client is attracted to this form of healing. Most of the local women participants claimed that they would use the service if they were to be abused. However, the discrepancy in the reportedly high abuse statistics and the low organisational utilisation figures suggests that most abused women do not approach the organisation for counselling.

There is clearly a disjunction between the organisation's western-based individual counselling model and the traditionally based 'within the family' model described by members of the community. Kleinman (1991) notes that "*radical differences between egocentric western culture and sociocentric non-western cultures*" (p. 117) significantly impact upon the usefulness of the care provided. In order to use the 'western style' healing offered by the organisation, survivors are required to reject the traditional 'within the family' model and resist social pressure not to speak outside of the family.

Medical anthropologists have provided interesting comment on the issues raised by counselling. Helman (1994) for instance, questions whether in some communities the family or community, rather than the individual should be regarded as the subject of treatment. However, in the case of abuse, which is a sensitive and complex issue in this community, this would need to be carefully considered to ensure that survivors are not unwittingly compromised by this.

In this theme I have highlighted a range of methods of healing from abuse which are perceived to be available in the rural community. However the discussion has revealed that to use these methods, survivors often have to break the silence and thus risk negative repercussions. Therefore, to avoid this, many survivors appear to remain silent and deal with their abuse in the safety of their private selves. Although the organisation endeavours to provide a confidential space where survivors can elicit help without repercussions, the premises upon which the individual counselling model are based, appear to be at odds with culturally recognised forms of healing. In the light of Kareem and Littlewood's (1992) assertion that a single model of treatment is not appropriate for intercultural work, and for this model to be perceived as a helpful and meaningful (Helman, 1994) method of healing from abuse, it would need to be integrated within the local cultural context.

#### **4.2. IMPLICATIONS OF THE STUDY**

A number of underlying contextual issues which may be impacting upon the ability of the rural counselling service to assist survivors of abuse, were revealed by the analysis. In the light of these findings, this section provides some thoughts or recommendations about how these issues may be addressed.

The analysis suggests that an absence of a common vocabulary with which to talk about women abuse exists between the organisation and the rural community, and within the community itself. This implies the need for a language of abuse to be developed. As noted earlier, Fischbach and Herbert (1997) suggest that ideally, a definition of abuse should resonate with international understandings and be meaningful and sensitive to the local context. However, the literature provides little guidance on how to achieve this somewhat paradoxical compromise. Given the complexity of the task, it cannot be expected that the organisation and community would easily find a mutually agreeable definition. However, the *process* of attempting to negotiate a definition, is likely to have important implications, over and above arriving at one accurate, precise and shared definition.



The role played by the organisation in discussing definitions of abuse may be crucial in determining the success of this venture. If for example the organisation seeks to impose its own view of abuse onto the community, community members are likely to resist this process. However, if the organisation perceives its role as initiating and *facilitating* a formal process whereby community members identify *their own* definitions of abuse, this endeavour is more likely to succeed. Domestic violence lies at the heart of the debate between the human rights and the cultural perspectives identified in the analysis. The organisation could for example, assist community members to clarify their ideas about behaviours which are acceptable and those which contravene human rights and therefore are labelled as abuse. Organisation members may fear that community residents would devise a definition which contravenes human rights principles. Here it is important to note Fischbach and Herbert's (1997) argument that even in cultures which have no prior understanding of domestic violence, community members are likely to agree on the unacceptability of certain behaviours.

This study suggests that authority bearers in the community appear to be cognisant of women abuse as a human rights issue. Moreover, they have an understanding of local culture, suggesting that this group could form a crucial link between organisation and community. However, in view of the differences in perception that came to light between the authority bearing and other community members, it would be essential to ensure that the voices of members of the broader community are made audible throughout the discussions.

The process of the development of a language of abuse is therefore important for two reasons. Firstly, it could enable community members to engage in some depth with the issue of abuse and to clarify their understanding of the problem within their own context. And secondly, it is conceivable that within this process a rapport between organisation and community would develop and create a trusting foundation for continued mutually beneficial work.

Creating a language of abuse appears to be an important starting point to tackling abuse within the community. However, this language is unlikely to be spoken until the silencing of abuse issues is addressed and the reasons for the silence understood. The analysis suggests that the pervasive silence in the community, which is similar to the general silencing of abuse world-wide, exists for similar reasons to those revealed in the international literature. Self-blame, guilt, fear of judgement and recrimination, as well as anxiety about gossip and humiliation, are some reasons that have been documented (Wyatt,1992). However another reason, which emerged from the analysis, is that of a generalised fear that speaking out about the abuse in the community might lead to the 'empowerment' of women which in turn would threaten the sanctity of traditional and patriarchal community life. Unless this apparent fear is understood and addressed in some way, attempts by the organisation to talk about and intervene in issues of abuse will probably be met with resistance and suspicion.

A further suggestion arising from the analysis is that many women in the community do not perceive themselves to have been abused. As a result of this and together with the entrenched silence around abuse, strategies set up to help survivors are unlikely to be used. Therefore, devising interventions before having developed a language with which to talk about abuse and before the silence around abuse begins to be broken, is perhaps premature. Once a common vocabulary is in place, the organisation again, could perhaps facilitate a further process whereby community members choose or develop strategies that are relevant and meaningful within the local context.

All of the above issues perhaps need to be considered against the broader experience of being a woman in Swaziland. The analysis highlights the perception that there is an association between women abuse and women's inferior status in Swaziland. Heise et al. (1994) suggest that interventions aimed at dealing with women abuse should be accompanied by attempts to raise the status of women. In attempting to do this, a central challenge for the community and on a broader scale for the country, appears to be in

finding a way to raise the status of women whilst also retaining the value and richness of traditional day to day life.

The findings of the initial evaluation of the rural counselling service suggested that internal organisational changes would bring about an improvement in the utilisation of the service. This case study suggests that in addition to the organisational factors which influence utilisation, there are a number of important underlying contextual issues such as the lack of common definitions of abuse, the silence, the difficulties with survivors accessing interventions and the status of women in Swaziland, which are also likely to impact upon whether survivors make use of the service. Unless these factors are acknowledged and addressed they are likely to undermine the organisation's attempts to provide assistance to survivors of abuse in the community. Therefore, evaluations which focus only on the functioning of the organisation without considering the broader contextual issues, are seen to be incomplete. In the light of this, a broad recommendation of this study is that evaluation studies extend their analyses to include an exploration of the broader contextual issues within which organisations perform their work.

#### **4.3. REFLECTIONS ON THE RESEARCH PROCESS**

The process of undertaking the research on the topic of abuse, as an outsider in a rural context, is similar to the urban organisation's work in the rural community. Reflecting on the experience of this process may similarly, shed light on what organisation members working with the issue of abuse in the same context may also experience.

According to Parker (1994), if reflected upon, the researcher's subjectivity is a resource which can be tapped to further inform the study. He comments:

*We arrive the closest we can to an objective account of the phenomenon in question through an exploration of the ways in which the subjectivity of the researcher has structured the way it is defined in the first place (p. 20).*

Often during the research process, I felt frustrated and excluded by my lack of understanding of the local language. I was dependent on an interpreter in order to understand, and missed out on day-to-day conversation, which firstly, may have assisted me to acclimatise to the new environment and secondly, may have yielded further information for the study. I also felt a nagging sense of inadequacy about my right to be doing this research. I wondered if a local researcher comprehending participants' narratives within a cultural context, might have picked up the nuances more accurately than I was able to. However, on the other hand, Parker's (1994) comment that, "*subjectivity is a resource, not a problem*" (p. 20), suggests that each individual's subjectivity, irrespective of their characteristics, can bring something valuable to the research.

As a white South African, working in another Southern African country, it is possible, that issues of race and power will have influenced the research process. Although I was warmly received by most participants, I feared that my coming to 'evaluate' may have been perceived to be imposing, threatening or presumptuous and thereby have undermined my relationship with the participants.

Performing the analysis and writing up the findings were also difficult to carry out. Despite my efforts to make explicit the complexity in the material, I repeatedly found myself entangled within this complexity. Moreover, at times the sensitive and sometimes painful nature of the material was difficult to work with.

Despite these factors which possibly impacted negatively upon the research, I was aware that my psychological training was helpful to the research as it assisted me firstly to elicit information in the interviews, and secondly to gain a deeper, more complex understanding of the narratives. Furthermore, my experience in the area of violence against women assisted me in distinguishing areas which were similar and which were different from rape crisis centres in more urban settings.

Finally, it is notable that the research process in itself yielded other positive outcomes. For example, the process of talking to people seemed to elicit awareness about and great interest in the topic of abuse. A few participants, particularly those in leadership positions set up appointments with the organisation to learn more about abuse. Importantly, it appeared that in raising awareness about the topic and enabling some participants to begin to talk more openly about it, the research has perhaps already set in motion a process of more actively tackling the issue of abuse in the community.

#### **4.4. CONCLUSION**

This case study sought to better understand why a counselling service for abused women in rural Swaziland was being poorly utilised. The literature suggests that the vast cultural differences in perceptions about violence against women, complicate the provision of services in the developing world. This study corroborates this viewpoint by suggesting that a number of underlying contextual factors impact upon the ability of a counselling service to function effectively. The study recommends that unless these contextual factors are acknowledged and addressed, they are likely to undermine intervention strategies. Therefore, if evaluations which seek to inform these services are to tap the richness and complexity inherent in dealing with this issue, they must include a broader contextual analysis. While the applicability of this study to other rural or even non-rural contexts cannot be certain, it is hoped that the study will generate further discussion and encourage similar research to be carried out in other contexts.

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## **APPENDIX I**

### **QUESTIONNAIRE**

The following questions are a general guideline for interviews and focus groups. Due to the fact that different information is required from different participants and due to the semi-structured nature of interviews, other questions will be added in some interviews and not all questions will be asked in every interview.

1. Have you heard of the organisation<sup>1</sup> ?
2. If yes - How did you hear about it ?
3. How do you understand the role of the organisation in your community ?
4. Do you think that there is a need for an organisation like X in your community ?
5. Would you refer someone to the organisation ? Give reasons.
6. If you have had dealings with the organisation:
  - (a) What are some positive aspects of the organisation ?
  - (b) In which areas can the service be improved ?
7. How do you understand the term WOMEN ABUSE ?
8. How often (if at all) do you come into contact with survivors of abuse ?
9. In your experience is this a problem in the community ? What are the reasons for it ?
10. What do you think the effects of abuse are ?
11. How do survivors of abuse deal with the effects if they do not go to the organisation ?
12. How do you think survivors of abuse should be helped ?
13. Are the issues of rape and sexual abuse openly discussed in your community. Explain.
14. Do you know what a support group is ? (if no - explain)
15. Do you think a support group for survivors of abuse would be helpful in your community, would people attend - why/why not ?

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<sup>1</sup> The name of the organisation has been replaced with 'the organisation' or 'X' for confidentiality.